

# Contractor Registration

Date Received: \_\_\_\_\_

This application must be **typed or printed in black ink** and submitted with all required attachments and \$75 Contractor Registration fee (Checks payable to "City of Palatka")

**City of Palatka Planning & Zoning**  
201 N 2<sup>nd</sup> Street  
Palatka, FL 32177

FOR INFORMATION REGARDING THIS FORM, CALL (386)329-0103

## TO BE COMPLETED BY CONTRACTOR/ AUTHORIZED AGENT

1. Name of Company: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Required Attachments:

- Copy of State License
- Certificate of Insurance -General Liability & Workman Comp. (or exemption)
- Copy of License Holder Photo Id.
- \$75 Registration Fee (per license)
- Authorized agents if desired must provide notarized letter of authorization from license holder.

4. License Type and State Number: \_\_\_\_\_

5. License Holder Name: \_\_\_\_\_

License Holder Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(If Desired)

6. Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

7. List any authorized agents that may sign for permits and/or call in for inspections:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

8. Signature of license Holder: \_\_\_\_\_

**STATE OF** \_\_\_\_\_

**County of** \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_  
who executed the foregoing application and acknowledged to and before me that \_\_\_\_\_  
executed this document for the purposes therein expressed.

WITNESS my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_.

\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_ State of \_\_\_\_\_ at Large

FOR OFFICIAL USE ONLY		
1. Date Submitted:	2. Received By:	3. Payment Received: