

OUT OF CITY CONTRACTOR REGISTRATION FORM

**CITY OF SAFETY HARBOR
750 Main Street
Safety Harbor, Florida 34695**

727-724-1515
727-669-1229 FAX

Bus Reg. # _____
Fee \$ _____

Application is hereby made for the purpose of registering my business in the City of Safety Harbor

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone # _____ Federal Tax ID # _____

Business Email _____

Qualifier's Name _____ Phone # _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Business Description _____

State License # _____ PCCLB # _____

Applicant's Signature _____

CONTRACTORS:

PLEASE ATTACH

- **COPIES OF YOUR CURRENT STATE AND PCCLBLICENSE.**
- **A "NOTARIZED LETTER OF AUTHORIZATION, IF SOMEONE OTHER THAN THE QUALIFIER WILL BE APPLYING FOR PERMITS.**
- **A COPY OF YOUR LOCAL BUSINESS TAX FROM THE LOCAL GOVERNMENT WHERE THE PERMANENT BUSINESS IS LOCATED.**
- **BUSINESSES NOT REGULATED BY THE DBPR ARE SUBJECT TO A REGISTRATION FEE OF \$25.00.**

FLORIDA STATUTE REQUIREMENTS: Florida Statute 205.194(2) requires applicants to submit copies of all required professional licenses and/or registration.