

Contractor's Registration Form

Business Name: _____

Business Address: _____

Business Entity: _____ Corp.: _____ Other: _____

Telephone: _____ Fax: _____

Service(s) to be performed:

Estimated days required to complete work in residence, UNIT # _____ :
From _____ to _____

Name(s) of Principal(s): _____

Experience of Principals:

References:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Banking Reference: _____

Insurance Company providing Workers Compensation and Liability Insurance:

Other Comments:

As stated in the Rules and Regulations, all Decorators, Contractors and Sub-Contractors must submit:

- Lee County Occupational Business License
- Insurance Certificate (Unit specific)
- Workers Compensation Certificate or Exemption Certificate

Note: If all items are not received, there will be a delay of work until they are all received in the Florencia office.