



CITY OF LABELLE

POST OFFICE BOX 458 • 80 EUCLID PLACE • LABELLE, FLORIDA 33975 • (863) 675-0492 •

State Certified Contractor's Application Form

Name: _____

Company Name: _____

License Type: _____ License Number: _____

Home Address: _____

Street City State Zip

Mailing Address: _____

Street City State Zip

Home Phone: (____) _____ Fax #: (____) _____

Office Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____

Office Address: _____

Street City State Zip

Mailing Address: _____

Street City State Zip

The following items must be provided to submit a Complete "Contractor Information Packet" to the City of LaBelle.

If you are not registering or renewing at this time you still need to send this completed form with the items listed below and this Contractor Information Packet will be scanned and attached ONLY to the PERMIT / ADDRESS provided below. The form and documents can be sent via email to asalas@citylabelle.com

\$20.00 Registration Fee **(choose one)** \longleftrightarrow **YES** or **NO**

Attach to Permit #(s) _____ Address: _____

- Copy of State License
- Copy of Drivers License
- Copy of Business Tax (Occupational) License
- Copy of Liability and Workers Compensation Insurance Certificates

Please have the Certificate Holder made out to:

**City of Labelle
P.O. Box 458
LaBelle, FL 33975**

*The registration period runs two years concurrent with your State License.

** REGISTRATION IS NOT REQUIRED but we would need this same form + all the attachments minus the fee for EACH INDIVIDUAL PERMIT applied for in the future OR for any "ACTIVE" permits.

***We will not be scheduling inspections if we do not have your complete Contractor information packet with updated information.