



City of High Springs

110 NORTHWEST FIRST AVENUE
HIGH SPRINGS, FLORIDA 32643
TELEPHONE: (386) 454-1416 EXT 230
FACSIMILE: (386) 454-5322

**CONTRACTOR APPLICATION FOR REGISTRATION
STATE CERTIFIED CONTRACTORS**

APPLICANT INFORMATION

(Answer all questions. Please type or print in ink.)

Date: _____ License #: _____

Name _____
(first) (middle) (last)

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Home Phone _____ Business Phone _____

Mobile Number _____ Fax Number _____

Company Name _____ Proprietor ()
Partnership ()
Corporation ()

Company Address _____

City _____ State _____ Zip _____

Provide a copy of your State License along with a certificate of insurance for your liability and workers' compensation coverage. Certificate shall be made out to the City of High Springs, Planning, Development and Codes. A photo ID will be required.

Printed Name Of Applicant

Applicant Signature