



# STATE & LOCAL LICENSE REGISTRATION

# 36

### Contractor Information

Qualifier name: \_\_\_\_\_

Business name: \_\_\_\_\_

State and/or Local #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### The following must be included with the application:

\_\_\_\_\_ A copy of your state and local (if applies), License or Registration.

\_\_\_\_\_ A Certificate of Insurance indicating Workman's Compensation & Liability Insurance, listing as the Certificate Holder:

City of Marco Island Bldg Services  
50 Bald Eagle Dr  
Marco Island FL 34145

OR

\_\_\_\_\_ A copy of your Workman's Compensation Exemption from the State of Florida.

*Faxes may be sent to 239-393-0266 if the hard copy is mailed or carried to the address shown above.*

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_

Signature of Qualifier

State of Florida, County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature, Notary Public – State of Florida

(Seal)

\_\_\_\_\_  
Printed, Typed, or Stamped Name of Notary