



CITY OF LAKE CITY
 GROWTH MANAGEMENT
 205 N Marion Ave
 Lake City, Florida 32055
 386-752-2031
 growthmanagement@lcfla.com

Contractor's Registration

Registration must include:

- ✓ State License
- ✓ Liability Certificate
- ✓ Workers compensation coverage or exemption

Qualifier Name	
Business Name	
Business Mailing Address	
Office Phone	
Cell Phone	
State License #	Expiration Date
E-mail Address	

Agents Authorized to apply or pick up permits on my behalf:

1.	
2.	
3.	

I understand that it is my obligation to keep my current license and current insurance on file with City of Lake City. If any of the above information changes, I will notify the Lake City Growth Management.

The Department and Applicant agree that this Document may be electronically signed. The parties agree that electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

 Qualifier Signature

 Date