

City Of Clewiston
Community Development Department

121 Central Avenue Clewiston, Florida 33440
Phone: 863-983-1500 • Fax: 863-983-1430
www.clewiston-fl.gov

APPLICATION FOR CONTRACTOR CERTIFICATION

I hereby apply for a contractor certificate in the category of:

State Certification OR Registration #: _____

Qualifier's Name: _____

Business Legal Name: _____

Mailing address: _____

City, State, Zip: _____

Telephone # _____ Fax # _____

Federal ID or S. S. # _____

The following information has to be attached to this application form and returned before the contractor's registration certificate will be issued.

1. Copy of state **Certificate** or **Registration** or **Specialty** license
2. Copy of Local Business Tax Receipt from the city/county where the business is located.
3. Certificate of insurance made out to: The City of Clewiston, 115 West Ventura Avenue, Clewiston, Florida 33440
4. Copy of worker comp. policy or Exemption certificate, also made out to: The City of Clewiston, 115 West Ventura Avenue, Clewiston, Florida 33440

Qualifier's Signature: _____

Agent's Signature _____

Date: _____