



CITY OF FROSTPROOF

111 West First Street/P.O. Box 308, Frostproof, FL 33843-0308

Telephone: Main Number - 863 635-7850 or Building Department - 863 635-7855

BUILDING DEPARTMENT

CONTRACTOR REGISTRATION REQUIREMENTS

This is to provide you a list of items required for registration to perform work within the City Limits of the City of Frostproof:

FOR NON-DBPR (Department of Business & Professional Regulation) REGULATED CONTRACTORS:

- A copy of a valid City of Frostproof Business Tax Receipt. Contact the City Clerk at 863 635-7854
- A carrier provided copy of a current General Liability Insurance policy, minimum \$300,000.00 per occurrence coverage and listing "City of Frostproof, 111 West 1st Street, Frostproof, FL 33843" as a Certificate Holder
- A carrier provided copy of a current Worker's Compensation Insurance policy or a valid Exemption Certificate
- A Power of Attorney or a notarized Letter of Authority (signed by the licensee), identifying individuals, other than the licensee, who are authorized to pull permits.
- A photo I.D. for any person(s) authorized to pull permits.

FOR DBPR CERTIFIED CONTRACTORS:

- All of the information required for NON-DBPR regulated Contractors, EXCEPT Business Tax Receipt may be from any recognized Florida jurisdiction.
- A copy of a valid Florida State Contractor's License for each discipline to be engaged in.

FOR DBPR REGISTERED CONTRACTORS:

- All of the information required for NON-DBPR regulated Contractors and Certified Contractors, EXCEPT Business Tax Receipt may be from any recognized Florida jurisdiction.
- A copy of a valid Certificate of Competency from the Municipal Board of Examiners for Polk County.
(A Polk County Board of Examiners Certificate of Competency DOES NOT fulfill this requirement)

ALL SUBMISSIONS MUST BE CLEAR AND LEGIBLE TO BE ACCEPTED

PLEASE PRINT OR TYPE

Licensee: _____
Last First MI

License Type: _____ License Number: _____ Expires: _____

License Type: _____ License Number: _____ Expires: _____

License Type: _____ License Number: _____ Expires: _____

Business Name: _____

Business Owner: _____
(if other than licensee) Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Office Contact: _____ e-mail: _____

Comments: _____