



# STATE & LOCAL LICENSE REGISTRATION FORM

# 36

### Contractor Information

Business name: \_\_\_\_\_  
 Qualifier name: \_\_\_\_\_  
 State#: \_\_\_\_\_ Collier #: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Email#: \_\_\_\_\_  
 Business address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

- \_\_\_\_\_ A copy of your state and local (if applies), license(s) and or registration(s).
- \_\_\_\_\_ A Certificate of insurance indicating liability insurance coverage.
- \_\_\_\_\_ A Certificate of insurance indicating Workman's Compensation coverage (if covered).
- \_\_\_\_\_ If you are Workers Comp exempt and have no employees, including leased employees you may submit a copy of your Workman's Compensation Exemption instead of the insurance certificate
- \_\_\_\_\_ Marine Contractors must also submit a Certificate of insurance indicating Long Shoremen and Harbor Worker's Act insurance coverage.

Named as certificate holder: City of Marco Island Bldg Services  
 50 Bald Eagle Dr  
 Marco Island FL 34145

Fax: 239-393-0266 E-mail: [CONTRACTORINFO@CITYOFMARCOISLAND.COM](mailto:CONTRACTORINFO@CITYOFMARCOISLAND.COM)

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