



CITY OF CRYSTAL RIVER CONTRACTOR REGISTRATION FORM

Please Note: Incomplete applications cannot be accepted.

EMAIL: development@crystalriverfl.org

Fee Paid: ☐ Yes ☐ No
Date Paid: _____

123 NW Highway 19,
Crystal River, FL 34428
352-795-4216, ext. 316
352-795-6245
www.crystalriverfl.org

- ☐ New Retention Fee: \$20.00
☐ Renewal \$20.00

- Contact preference: ☐ Email
☐ Bus. Phone
☐ Cell Phone

THIS PROGRAM IS VOLUNTARY. THE CITY OF CRYSTAL RIVER WILL MAINTAIN ALL ITEMS IN ITEM 11 OF THIS FORM FOR ONE FISCAL YEAR FOR AN ANNUAL FEE OF \$20.00. IF YOU CHOOSE NOT TO PARTICIPATE IN THIS PROGRAM ALL ITEMS IN SECTION 11 OF THIS FORM WILL BE REQUIRED FOR EACH BUILDING PERMIT. THANK YOU.

I ☐ Do ☐ Do Not: Elect to Have the City of Crystal River Maintain My Contractor Registration for the Current Fiscal Year. The Fiscal Year runs from October 1 thru September 30.

1. Name of Business or Corporation: _____
2. Name of Owner: _____ Contact: _____
3. License Name: _____ Number: _____
4. Location of Business: _____
5. City/State/Zip: _____
6. Business Phone: _____ Fax: _____ Cell: _____
7. Mailing Address (if different from above): _____
8. City/State/Zip: _____
9. Type of Business: _____
10. Email Address: _____
11. COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED:
 - a. State Certification License (if applicable)
 - b. Proof of Liability and Worker's Compensation (or exemption) showing the certificate holder as The City of Crystal River, 123 NW Hwy 19, Crystal River, FL 34428
 - c. Home County/City Business License
 - d. List of authorized agents – Must be notarized
12. If company holds more than one (1) type of license, this form and back-up documentation is required for each

Registrations expire on September 30th of each year.

Revised 01/17/2020

Note: Owner, qualifier, or authorized agent must sign application. If authorized agent, notarized proof must be provided stating such authorization.

I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____

STATE OF FLORIDA

COUNTY OF CITRUS

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is personally known to me or has produced _____ as identification and did (did not) take an oath.

Notary Public

(SEAL)