CITY OF CRYSTAL RIVER
CONTRACTOR REGISTRATION FORM

Please Note: Incomplete applications cannot be accepted.

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

EMAIL: development@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.

____________________________________________ (SEAL)
Notary Public

Revised 01/17/2020