

CITY OF QUINCY
BUILDING AND PLANNING DEPARTMENT

404 West Jefferson Street

Quincy, Florida 32351

Phone: (850) 618-0020

Fax: (850) 875-7313

CONTRACTOR APPLICATION FOR REGISTRATION
STATE CERTIFIED CONTRACTORS

APPLICANT INFORMATION

(Answer all questions; please type or print in ink.)

Date: _____ License # _____

Name: _____
(first) (middle) (last)

Address: _____

City: _____ State: _____ Zip: _____

Social Security # _____ Date of Birth: _____

Home Phone: _____ Business Phone: _____

Mobile Number: _____ Fax Number: _____

Company Name: _____
Proprietor ()
Partnership ()
Corporation ()

Company Address: _____

City: _____ State: _____ Zip: _____

Provide a copy of your State License along with a certificate of insurance for your liability and workers' compensation coverage. Certificate shall be made out to the city of Quincy Construction Industry Licensing Board. A photo ID will be required.

Printed Name of Applicant

Signature of Applicant