

# City of Apalachicola Contractor Application

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Owners Name: ..... Phone# .....

Other Contact: \_\_\_\_\_

Phone-# \_\_\_\_\_ Cell# \_\_\_\_\_

**Please provide and attach:**

- 1) A copy of Florida state Construction license.
- 2) *A copy* of your identification.
- 3) Certificate of liability insurance, (Liability insurance shall be issued by an insurance company licensed to do business in this state, shall name the **City of Apalachicola** as an additional insured by endorsement and shall provide a ten-day notice of cancellation or reduction in coverage to the City of Apalachicola Building Department at 1 Bay Ave. Apalachicola FL 32320
- 4) Workers' Compensation (certificate or exemption).

(Email to: **buildingdept@cityofapalachicola.com**)