

CITY OF EAGLE LAKE  
P. O. BOX 129 EAGLE LAKE, FL 33839  
PHONE 293-4141

FY \_\_\_\_\_  
FEE \_\_\_\_\_

**CONTRACTOR'S REGISTRATION**

DATE \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_  
OWNER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_

**I AFFIRM THAT THIS IS TRUE AND CORRECT INFORMATION**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_  
MY COMMISSION EXPIRES \_\_\_\_\_

---

**FOR OFFICE USE ONLY**

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF BUILDING OFFICIAL