



**Contractor License
Registration and
Requirements
for filing with the
City of Tallahassee**

**APPLICANT SERVICES
(850) 891-7125
FAX: 891-0948
BUILDING INSPECTION
(850) 891-7050
FAX: 891-7099**

**Mailing : 300 South Adams St., B-28
Tallahassee, Florida 32301**

www.talgov.com

**Location: 435 N Macomb St.
Tallahassee, Florida 32301**

1) Name of Firm as Licensed: _____

2) Name of Qualifier: _____

3) Qualifier's License Number: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone #: _____ FAX #: _____ Mobile#: _____

E-mail Address: _____

- **STATE OF FLORIDA CONTRACTORS LICENSE.**
- **PROOF OF GENERAL LIABILITY & WORKMAN'S COMP. OR EXEMPTION CERTIFICATE.**
****OUT OF STATE CONTRACTORS – WORKMAN'S COMP MUST LIST FLORIDA AS A COVERED STATE.**
- **A DESIGNATED AGENT MAY PICK UP PERMITS, ONLY IF AN ORIGINAL NOTARIZED "CONTRACTOR AUTHORIZATION FORM" IS ON RECORD.**

ALL LICENSES AND CERIFICATES MUST BE CURRENT OR PERMITS CANNOT BE ISSUED.

MAIL TO:

**CITY OF TALLAHASSEE
BUILDING INSPECTION
ATTN: Carol Horsey
300 S. ADAMS ST. #B-28
TALLAHASSEE, FL. 32301

FAX (850) 891-7029**