



MANATEE COUNTY DEVELOPMENT SERVICES

Licensing Division | 941-748-4501 ext 3574 |

licensing@mymanatee.org

Mailing Address: PO BOX 1000 Bradenton, FL 34205

Office Location: 9000 Town Center Pkwy Lakewood Ranch, FL 34202

State License Contractor License Registration

The purpose of this form is for State Certified Contractors wanting to register with Manatee County Licensing Department. This registration will establish a license file to allow the License holder to apply for Permits. This registration is only for un-incorporated areas. All State Contractors must follow County Ordinance 21-10, 14-33, Florida Statute 489 and various other Florida Statutes relating to Contracting and Licensing when working in Manatee County.

Required Documents:

1. Legible color copy of qualifier driver's license or some other valid form of government approved identification.
2. Legible copy of State Certified License from DBPR 3.
3. Copy of current General Liability Certificate of Insurance from an insurance company authorized to do business in the state of Florida, Complete business name (including DBA) must be included on the Certificate of insurance.
4. Copy of current Workers Compensation Certificate of Insurance from an insurance company authorized to do business in the state of Florida and/or a State of Florida Workers' Compensation Exemption (dependent on business status.) Complete business name (including DBA) must be included on the Certificate of insurance.

****Exemption Certificates are only accepted for the licensed qualifier.**

****Insurance Documents must list Manatee County Licensing Department PO BOX 1000 Bradenton, FL 34205 as the Certificate Holder****

Contractor Information:

Date: _____ License # _____

Contractor Name _____

Home Address _____

Mailing Address _____

Primary Phone # _____

Email _____

Company Name (if applicable) _____

Contractor Signature: _____

STATE OF FLORIDA - COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____ 20____, by _____, who is personally known to me () or has provided the following identification _____.

Expiration Date: _____ and who did/did not take an oath.

Notary Public Stamp Here

Signature of Notary

Print Commissioned Name of Notary Public