



**CITY OF SANFORD**  
**Contractor Registration Application**  
P. O. Box 1788, Sanford, FL 32772-1788  
Phone: 407.688.5150 Fax 407.688.5152  
Email: building@sanfordfl.gov

Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Qualifier on State License: \_\_\_\_\_

State License Classification: \_\_\_\_\_

State License Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**A registration fee is not required. We do not mail confirmation of registration.**

**State Certified Contractors:**

- State license from Department of Business and Professional Regulation.
- Certificate of workers compensation insurance AND general liability with the City of Sanford listed as the certificate holder. If faxed or emailed it MUST come from the insurance agent/company. Certificates from contractor's offices are not accepted.
- Copy of valid business tax receipt

**State Registered Contractors:**

- State license from Department of Business and Professional Regulation.
- Current Seminole County Comp Card
- Certificate of workers compensation insurance AND general liability with the City of Sanford listed as the certificate holder. If faxed or emailed it MUST come from the insurance agent/company. Certificates from contractor's offices are not accepted.
- Copy of valid business tax receipt

**Specialty Contractors**

- Certificate of workers compensation insurance AND general liability with the City of Sanford listed as the certificate holder. If faxed or emailed it MUST come from the insurance agent/company. Certificates from contractor's offices are not accepted.
- Copy of valid business tax receipt

Control # \_\_\_\_\_ City Registration # \_\_\_\_\_