Contractor Licensing Registration

BUILDING AND CONSTRUCTION SERVICES

Submit: In Person
or
Mail To: 101 Old Main St. Bradenton, FL 34205
or
Email to: permitting@cityofbradenton.com

REQUIREMENTS FOR CONTRACTOR LICENSING:

Certified Contractor

1. Copy of current state license.
2. Proof of General Liability & Proof of Workman's Compensation. (Showing the City of Bradenton as certificate holder) or copy of exemption (must show a date of expiration).
3. If applicable, a notarized authorized agent form or letter containing qualifier's name, signature, license number and agent names/signatures.
4. There is no registration fee for certified contractors in the City of Bradenton.
5. Occupational licensing is required only if the physical location of the business is within Bradenton city limits.

Registered Contractor

1. Copy of current state license
2. Proof of General Liability & Proof of Workman's Compensation (showing the City of Bradenton as the certificate holder) or a copy of exemption (must show date of expiration).
3. If applicable, a notarized authorized agent form or letter containing the qualifier's name, signature, license number and agent names/signatures.
4. 2 year licensing fee payable upon application - All Registered Contractors $ 75.00
5. Occupational licensing is required only if the physical location of the business is within Bradenton city limits.

City Contractors

1. Three (3) letters of recommendation from state certified/registered contractors, or previous employers.
2. Proof of General Liability & Proof of Workman's Compensation (showing the City of Bradenton as the certificate holder) or a copy of exemption (must show date of expiration)
3. Occupational licensing is required only if the physical location of the business is within Bradenton city limits.
4. If applicable, a notarized authorized agent form or letter containing the qualifier's name, signature, license number and agent names/signatures
5. 2 year licensing fee payable upon application - All City Contractors $ 75.00

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF CONTRACTOR: _____ STATE /REG. LICENSE: _____

PHONE:_____ CELL:_____

DATE: _____ EMAIL: _____

BUSINESS NAME: _____

SIGNATURE: _____

BUILDING OFFICAL: _____

SIGNATURE: _____ DATE: _____

CITY LICENSE NUMBER: _____ AMT: _____

EXPIRES: _____ REC#: _____