Voluntary Registration Program

City of Inverness, Florida • Community Development Department 212 W. Main Street • Inverness, FL 34450 • 352-726-3401 • dds@Inverness.gov

Voluntary Registration application – new/renewal (circle one)

Please note that incomplete applications cannot be accepted for review

1.	Name of Business:
2.	Name of Owner:
3.	License name: Contact name:
4.	Location of Business:
	City/State/Zip:
6.	Business Phone:
	Mailing address (if different):
8.	City/State/Zip:
	Type of Business:
	Email address:
	 The following information is required: a. Copy of state license from the Department of Business and Professional Regulation (DPBR) b. Insurance Certificates for liability insurance & workers compensation insurance. Certificate holder made out to the City of Inverness. c. If workers compensation exempt, updated certificate. d. Copy of state license holder's driver's license. e. Copy of county of municipality Business Tax Receipt. f. Copy of business Detail by Entity name or Fictitious Name from Sunbiz.org showing active. g. List of authorized agents for company on company's letterhead. h. If company holds more than one type of license, this form will be required for each license. ry contractor registration expires each year on September 30th.
Signatu	re: Print name:
annual Seach bu	ogram is voluntary. The City of Inverness will maintain all items in section 11 of this form for one fiscal year for an \$30.00 fee. If you choose not to participate in this program all items in section 11 and this form will be required per uilding permit. There will be no exceptions. OF FLORIDA: the foregoing instrument was acknowledged before me by means of physical presence or online ion, this day of (name of person edging), who is personally known to me or has produced, (type of identification) as identification.
	edging), who is personally known to me or has produced,