



Small
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**HERNANDO COUNTY REGISTRATION
SHED INSTALLATION/DEALER**

**A REGISTRATION FEE OF \$75.00 WILL BE CHARGED
PLEASE TYPE OR PRINT LEGIBLY**

Type of work being performed: _____

DATE: ____/____/____ Driver's License No: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ PHONE NUMBER: (____) _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HEIGHT: ____ WEIGHT: ____ COLOR OF HAIR: ____ COLOR OF EYES: ____

BUSINESS NAME AS IT APPEARS ON OCCUPATIONAL LICENSE:

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE NUMBER:(____) _____

CELL/TOLL FREE NUMBER:(____) _____

FAX NUMBER: (____) _____

E-MAIL ADDRESS: _____

APPLICANT TO CONDUCT BUSINESS AS:

- INDIVIDUAL CO-PARTNERSHIP
 CORPORATION OTHER

IF OTHER, PLEASE SPECIFY:

IF CORPORATION: PLEASE PROVIDE NAMES OF OFFICERS OTHER THAN YOURSELF:

*******BEFORE REGISTRATION CAN TAKE PLACE, THE FOLLOWING PROCEDURES MUST BE TAKEN:*******

- 1. DCA APPROVAL LETTER MUST BE BROUGHT TO THE CONTRACTOR LICENSING DEPT. AND SUBMITTED TO BUILDING OFFICIAL OR HIS DESIGNEE FOR REVIEW.**
- 2. ONCE REVIEWED YOU WILL RECEIVE A SIGNED LETTER WHICH YOU WILL NEED TO SUBMIT TO THE HERNANDO COUNTY TAX COLLECTORS OFFICE, ENABLING YOU TO OBTAIN YOUR HERNANDO COUNTY OCCUPATIONAL LICENSE.**

PLEASE FURNISH WITH THIS REGISTRATION THE FOLLOWING DOCUMENTS:

- 1. REGISTRATION FEE OF \$75.00**
- 2. COPY OF HERNANDO COUNTY OCCUPATIONAL LICENSE**
- 3. COPY OF GENERAL LIABILITY/WORKERS COMP. POLICY (HERNANDO COUNTY MUST BE LISTED AS CERTIFICATE HOLDER)**
- 4. TWO COPIES OF FLORIDA IDENTIFICATION-DRIVER'S LICENSE (One to use as the small photo and one to put in the contractor's file).**

FLORIDA STATUTE 837.06 - FALSE OFFICIAL STATEMENTS. Whomever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

I HEREBY AFFIRM THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of License Holder

State of Florida

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____, who is (____) personally known to me, or who (____) has produced _____ as identification.

Print/Type/Stamp
Name of Notary

Signature of Notary Public

My Commission Expires:

PLEASE RETURN COMPLETED FORM TO :

**Hernando County Development Department
Contractor Certification
789 Providence Boulevard
Brooksville, Florida 34601**

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