

**HERNANDO COUNTY DEVELOPMENT DEPT.
CONTRACTOR CERTIFICATION
MOBILE HOME SET-UP REGISTRATION**



Small
Photo
Here

A REGISTRATION FEE OF \$75.00 WILL BE CHARGED

**ALL INFORMATION MUST BE COMPLETED ON THE PERSON SUPERVISING AND RESPONSIBLE
FOR INSTALLATION**

PLEASE PRINT LEGIBLY

Date: ____ / ____ / ____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone Number: (____) _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Height: _____ Weight: _____ Color of Hair: _____ Color of Eyes: _____

Driver's License No.: _____

BUSINESS NAME AS IT APPEARS ON LICENSE:

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: (____) _____ **Cell/Toll Free:** (____) _____

Fax: (____) _____ **E-Mail:** _____

APPLICANT TO CONDUCT BUSINESS AS:

(____) **INDIVIDUAL** (____) **CO-PARTNERSHIP**

(____) **CORPORATION** (____) **OTHER**

IF OTHER, PLEASE SPECIFY: _____

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

WHAT OTHER COUNTIES OR MUNICIPALITIES ARE YOU CURRENTLY WORKING IN OR HAVE WORKED IN WITHIN THE PAST TWO (2) YEARS:

PLEASE FURNISH WITH THIS REGISTRATION FORM THE FOLLOWING:

1. MOBILE HOME SET-UP LICENSE
2. CURRENT COPY OF OCCUPATIONAL LICENSE
3. TWO COPIES OF IDENTIFICATION - DRIVER'S LICENSE
(One to use as the small photo and one to put in the file)
4. REGISTRATION FEE OF \$ 75.00

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 acknowledge before me this _____ day of _____, _____, by _____ who is () personally know to me, or who () has produced _____ as identification.

Print/Stamp Name of Notary

Signature of Notary Public

My Commission Expires: _____

Please return to:

**HERNANDO COUNTY DEVELOPMENT DEPT.
CONTRACTOR CERTIFICATION
789 PROVIDENCE BLVD.
BROOKSVILLE, FLORIDA 34601**