

**CITY OF LAKELAND
Building Inspection Division
APPLICATION FOR REGISTRATION**

Name of License Holder: _____

Business Phone: _____

Fax # _____

D/B/A (Company Name): _____

Mailing Address: _____

I hereby apply for a registration with the City of Lakeland as a:

<input type="checkbox"/>	Awning Contractor
<input type="checkbox"/>	Building Contractor (Class "B")
<input type="checkbox"/>	Class "A" Air Conditioning Contractor
<input type="checkbox"/>	Class "B" Air Conditioning Contractor
<input type="checkbox"/>	Demolition Contractor
<input type="checkbox"/>	Electrical Contractor
<input type="checkbox"/>	Electrical Specialty Contractor
<input type="checkbox"/>	Fence Contractor
<input type="checkbox"/>	General Contractor (Class "A")
<input type="checkbox"/>	House Moving Contractor
<input type="checkbox"/>	Irrigation Contractor
<input type="checkbox"/>	LP Gas Contractor
<input type="checkbox"/>	Low Voltage Contractor
<input type="checkbox"/>	Marine Construction Contractor
<input type="checkbox"/>	Mechanical Contractor
<input type="checkbox"/>	Mobile Home Set-Up Contractor
<input type="checkbox"/>	Natural Gas Contractor

<input type="checkbox"/>	Paving Contractor
<input type="checkbox"/>	Pollutant Storage System Specialty Contractor
<input type="checkbox"/>	Plumbing Contractor
<input type="checkbox"/>	Residential Contractor (Class "C")
<input type="checkbox"/>	Roofing Contractor
<input type="checkbox"/>	Satellite Dish Contractor
<input type="checkbox"/>	Sheet Metal Contractor
<input type="checkbox"/>	Sign Contractor
<input type="checkbox"/>	Solar Contractor
<input type="checkbox"/>	Specialty Structure Contractor
<input type="checkbox"/>	Swimming Pool Contractor (Commercial)
<input type="checkbox"/>	Swimming Pool Contractor (Residential)
<input type="checkbox"/>	Tent Contractor
<input type="checkbox"/>	Underground Utility Contractor
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

State Certified _____ State Registered _____ Not Applicable _____

I AM FAMILIAR WITH APPLICABLE CODES OF THE CITY OF LAKELAND AND AGREE TO ABIDE BY ITS PROVISIONS AND ANY AMENDMENTS THERETO:

Signature of License Holder _____

Date _____

FOR OFFICE USE ONLY BELOW THIS LINE

General Liability Insurance	Expiration Date:
Worker's Comp Insurance	Expiration Date:
Business Tax Receipt	Expiration Date:
Polk County Comp Card #	Expiration Date:
State License No.	Expiration Date:
D/L #	Expiration Date: