City of Mascotte
Contractor Registration Form
****Please note this is a yearly requirement. ****

Company Name as per State of Florida:

Mailing Address:
City: State: Zip:
Physical Address (if different from above):
City: State: Zip:

Office Number:
This is for general correspondence to office staff for the purpose of carrying out day to day operations.

Main Email Contact:
This will be for everyday correspondence such as invoices, inspection results, permit updates, and expiration notices.

Licensed Contractor's Cell Phone:
This is to contact the contractor directly. Do not provide a number for an office where we must go through many channels to get to the license holder. This is not shared with the public.

Licensed Contractor's Email Address:
Do not send the same email as above. Please share a direct line of contact with the license holder.

State License Number & Expiration:

Workers Comp Expiration:

Liability Expiration:

Please provide a copy of the contractor's state license, worker's comp and general liability policy along with this form. Email to the City email below.

City Email: Permits@CityOfMascotte.com

Permit Online Portal: https://mascottefl.portal.iworq.net/portalhome/mascottefl
Inspection Scheduling Portal: https://mascottefl.portal.iworq.net/MASCOTTEFL/permits/600