



## 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 at**

**[Permits@CityOfMascotte.com](mailto:Permits@CityOfMascotte.com).**

Certificate holder address: 100 E Myers Blvd, Mascotte FL 34753

Permit Online Portal: <https://mascottefl.portal.iworg.net/portalhome/mascottefl>

Inspection Scheduling Portal: <https://mascottefl.portal.iworg.net/MASCOTTEFL/permits/600>