



# CITY OF WINTER SPRINGS

1126 East State Road 434  
Winter Springs, FL 32708  
Phone: 407-327-1800 Fax: 407-327-4784  
Email: customerservice@winterspringsfl.org

## CONTRACTOR REGISTRATION FORM

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New

Update

Company Name: \_\_\_\_\_

License Number: \_\_\_\_\_

License Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Cell / Other Phone#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

For a new registration please provide us with the following Items:

- General Liability (With the City of Winter Springs listed as the Certificate Holder)
- Workers' Compensation insurance or Exempt
- Local Business Tax
- State License
  
- Seminole County Registration Card (If you are a Registered Contractor).