



## CITY OF WINTER SPRINGS

COMMUNITY DEVELOPMENT DEPARTMENT  
1126 East State Road 434  
Winter Springs, FL 32708  
Fax: (407) 327-7556

# Contractor Registration Form

New

Update

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

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

Contact Name: \_\_\_\_\_

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

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

Primary Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Alternate 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
- \$6.00 Registration Fee (One Time Only Fee)