CITY OF WINTER GARDEN
300 WEST PLANT STREET
WINTER GARDEN, FL 34787
P: 407.656.4111
WWW.CWGDN.COM

# CONTRACTOR REGISTRATION

**PLEASE ENSURE THAT ALL LICENSES AND INSURANCE CERTIFICATES ARE KEPT CURRENT IN ORDER TO MAINTAIN AN ACTIVE REGISTRATION.**

NAME OF BUSINESS: _____

NAME OF LICENSE QUALIFIER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE #: _____

EMAIL: _____

CONTRACTOR LICENSE TYPE: _____

PLEASE INDICATE THE TYPE OF BUSINESS YOU ARE REGISTERING:

☐ CONTRACTOR ☐ REGISTERED DESIGN PROFESSIONAL

PLEASE PROVIDE A CURRENT COPY OF:

1. FLORIDA CONTRACTOR LICENSE
2. CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY INSURANCE
3. WORKER'S COMP INSURANCE WITH THE CITY OF WINTER GARDEN LISTED AS THE CERTIFICATE HOLDER OR WORKERS COMP EXEMPTION

ALL REGISTRATION DOCUMENTS MUST BE UPLOADED VIA THE EGNYTE LINK BELOW:

https://wintergarden.egnyte.com/ul/DLzU3ow25s

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