



# City of Leesburg Building Services Contractor Registration Form

Date: \_\_\_\_\_

### Contractor Address of Record

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

DBA Business Name: \_\_\_\_\_

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

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

Office Telephone \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contractor's Email Address: \_\_\_\_\_

License Number(s): \_\_\_\_\_

Signature of License Holder  
or Authorized Agent \_\_\_\_\_

*If signing with a power of attorney a copy of the POA must be attached.*

| Alternate Emails if needed |               |
|----------------------------|---------------|
| Name                       | Email Address |
|                            |               |
|                            |               |

*Please use a separate sheet if additional email addresses are needed.*

**The following items are required when setting up your license with the City of Leesburg  
The items can be sent by fax or email. Fax: 352-326-6617 Email: [permits@leesburgflorida.gov](mailto:permits@leesburgflorida.gov)**

1. Copy of current state license
2. Copy of Certificate of Liability Insurance (Minimum amount of \$300,000)
3. Copy of Workers Compensation Liability Insurance or Exemption Certificate

**Please note: The Certificates of Insurance must show the following as the Certificate Holder:**  
City of Leesburg  
Building Services  
204 N. 5<sup>th</sup> Street  
Leesburg, FL 34748

City of Leesburg Building Division Telephone: 352-728-9735 Fax: 352-326-6617  
Email: [permits@leesburgflorida.gov](mailto:permits@leesburgflorida.gov)