



City Of Starke

BUILDING, ZONING & PLANNING

*Post Office Drawer C * 209 N. Thompson Street
Starke, Florida 32091
Ph.: (904) 368-1332 * Fax: (904) 368-1311*

APPLICATION FOR CONTRACTOR VERIFICATION

PLEASE FILL OUT THIS FORM AND FURNISH US WITH ALL RELATED DOCUMENTS

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE NUMBERS (s): _____

EMAIL: _____

I HERBY MAKE APPLICATION TO REGISTER MY LICENSE WITH THE CITY OF STARKE BASED ON MEETING THE REQUIREMENTS ESTABLISHED BY STATE LAW AND CITY OF STARKE.

Signature _____

Sworn to and subscribed before me this _____ day of _____ 20____

Notary _____

SEAL:

Attach following documents:

1. Copy of State License
2. Liability Insurance and Workers Comp Insurance or exemption to: City of Starke Building Department, P.O. Drawer C., Starke, Florida 32091 or E-mail buildzone@cityofstarke.org
3. Copy of State Drivers License
4. The administrative fee will be a onetime fee of \$50.00.
5. License holder must have application to register his license notarized. License holder can assign a person with a letter of Authorization, notarized, to allow them to sign his name to future permits.