



City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809

Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

Contractor Registration Form

DATE	
BUSINESS NAME	
LICENSE QUALIFIER'S NAME	
OWNER'S NAME	
MAILING ADDRESS	
CITY, STATE ZIP	
BUSINESS PHONE	
BUSINESS FAX	
EMAIL ADDRESS	
CELL (OPTIONAL)	
CONSTRUCTION TYPE	
STATE LICENSE #	
STATE LICENSE EXPIRATION	
GENERAL LIABILITY EXPIRATION	
WORKER'S COMP EXPIRATION	

- Please attach a copy of your State license, General Liability and Worker's Comp.
- If you are Worker's Comp Exempt, you are responsible to supply us with a copy.
- Insurance Certificate should read, as Holder, City of Belle Isle, 1600 Nela Avenue, Belle Isle FL 32809

You may fax your information to the
City of Belle Isle Building Department at 407-240-2222.