



**Operation & Regulatory Management/Licensing Section  
2800 North Horseshoe Drive  
Naples, FL 34104**

**State Certified Voluntary Registration Checklist**

1. Copy of State License
2. Copy of the Business Tax Receipt (Occupational License) from the County where your office is located. If you are located in Collier County, must have a Collier County Business Tax Receipt (Occupational License). Call (239) 252-2477 to obtain form.
3. Certificate of Contractor's General Liability Insurance (minimum requirements for your category) showing Collier County Contractor Licensing Board as a Certificate Holder.
4. Workmen's Compensation Certificate of Insurance showing Collier County Contractor Licensing Board as a Certificate Holder and/or copy of Workers Comp Exemption filed with the State.
5. Registration fee of **\$45.00 for each license being registered** must accompany form. Make check payable to **"Board of Collier County Commissioners"**.
6. Return the application with required information and fee to the above address either by mail or in person.
7. Copy of Driver's License

If you have any questions, please contact us:

**MAIN (239) 252-2431**

**FAX #: (239) 252-2469**



**Operation & Regulatory Management/Licensing Section**

**State Certified Voluntary Registration Form**

Instructions: The registration fee of **\$45.00** must accompany this application. The fee is **not** refundable after the application has been accepted and entered on the records. All checks should be made **payable to the “Board of Collier County Commissioners”**.

**Name of License Holder:** \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

D.B.A: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State License Number: \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Physical Address (If different from mailing address):

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

**License Holder’s Signature:** \_\_\_\_\_

