



City of Inverness

Community Development Department
212 West Main Street – Inverness, Florida 34450
(352)726-3401 - Fax (352)726-5473
DDS@Inverness-fl.gov

Registration application – new/renewal (circle one)

Please note that incomplete applications cannot be accepted for review.

1. Name of Business of Corporation: _____
2. Name of Owner: _____ Contact: _____
3. License name: _____ Number: _____
4. Location of Business: _____
5. City/State/Zip: _____
6. Business Phone: _____ Fax: _____
7. Mailing address (if different): _____
8. City/State/Zip: _____
9. Type of Business: _____
10. Email Address: _____
11. The following information is required:
 - a. Department of Professional regulation license or county competency card.
 - b. Proof of Liability and Worker’s Compensation Insurance showing the certificate holder as The City of Inverness
 - c. Photo ID.
 - d. Copy of County of Municipality Business Tax License.
 - e. Copy of updated business name from sunbiz.org.
 - f. List of authorized agents – Must be notarized.
 - g. If company holds more than one type of license, this form is required for each.

Registrations expire on September 30th of each year. Note: Owner, qualifier or authorized agent must sign application. If authorized agent, notarized proof must be provided stating such authorization.

Signature _____ Print name: _____

This program is Voluntary. The City of Inverness will maintain all items in Section 11 of this form for one fiscal year for an annual \$30.00 fee. If you choose not to participate in this program all items in Section 11 of this form will be required per each building permit. Thank you.

STATE OF FLORIDA, The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, (name of person acknowledging) who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

Notary: _____ Commission Number/Expiration date: _____