



## Requirements for State Certified Contractors

The following items are needed for State Certified Contractors in order to apply for a permit within Lake County:

1. Copy of the license holder's current State of Florida contractor's license.
2. Copy of the license holder's current Business Tax Receipt (from any county or city not located in Lake County).
3. Certificate of insurance for general liability showing Lake County Board of County Commissioner as the certificate holder, in the minimum amount of \$300,000 per occurrence.
4. Worker's Compensation insurance policy with Lake County Board of County Commissioners as the certificate holder or a valid exemption certificate. If the certificate has an out of state producer, we will need a declaration page showing line item 3 A to show coverage in the state of Florida.
5. License holder contact information sheet, must be completed by the license holder.

Future updates or changes to the qualifiers contact information will need to be submitted on Lake County's Qualifier Update Form (Form # BF58, available online [www.lakecountyfl.gov](http://www.lakecountyfl.gov)) .

If you have any questions, please contact us:

Lake County, Florida  
Economic Growth Department  
Building Services Division  
P.O. Box 7800  
Tavares, Florida 32778

Phone: (352)343-9653 Option 5  
Fax: (352)343-9771  
Email: [mylicense@lakecountyfl.gov](mailto:mylicense@lakecountyfl.gov)



**LAKE COUNTY BUILDING SERVICES DIVISION**  
**315 W. Main Street, Room 511**  
**PO Box 7800**  
**Tavares, Fl 32778**  
**(Tel) 352-343-9653 (Fax) 352-343-9771**  
**(Email) mylicense@lakecountyfl.gov**

**QUALIFIER CONTACT INFORMATION/ UPDATE FORM**  
**ADDRESS/TELEPHONE/FAX/E-MAIL**

State License #: \_\_\_\_\_

Licensee's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

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

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

E-Mail address: \_\_\_\_\_

**The information listed above will be the contact information of record for the license holder. Please notify Lake County Building Division of any changes to the contact information listed above.**

Licensee's Signature: \_\_\_\_\_  
(Must be signed by the license holder)

The forgoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally know to me or has produced \_\_\_\_\_ as identification and who did \_\_\_\_\_ or did not \_\_\_\_\_ take an oath.

(seal)

\_\_\_\_\_  
Notary Public