



## PLANNING and BUILDING DEPARTMENT

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# Contractor's License Registration/Renewal Form

Business Name: \_\_\_\_\_

License Holder Name: \_\_\_\_\_

License Number: \_\_\_\_\_ License Type: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Please return this form along with a copy of your State License, Liability Insurance, and Worker's Comp Insurance/Exemption. You must register your License before we can receive a permit application with your name listed as contractor on the job