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## HERNANDO COUNTY REGISTRATION ACCESSORY USE

**A REGISTRATION FEE OF \$75.00 WILL BE CHARGED  
PLEASE TYPE OR PRINT LEGIBLY**

**Type of work being  
performed:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Driver's License No:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**COLOR OF HAIR:** \_\_\_\_\_ **COLOR OF EYES:** \_\_\_\_\_

**BUSINESS NAME AS IT APPEARS ON OCCUPATIONAL LICENSE:**

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**BUSINESS ADDRESS:**

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**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**BUSINESS PHONE NUMBER:(\_\_\_\_)** \_\_\_\_\_

**CELL/TOLL FREE NUMBER:(\_\_\_\_)** \_\_\_\_\_

**FAX NUMBER: (\_\_\_\_)** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**APPLICANT TO CONDUCT BUSINESS AS:**

**INDIVIDUAL**

**CO-PARTNERSHIP**

**CORPORATION**

**OTHER**

**IF OTHER, PLEASE SPECIFY:**

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**IF CORPORATION: PLEASE PROVIDE NAMES OF OFFICERS OTHER THAN YOURSELF:**

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What other counties of municipalities are you currently working in or have worked in within the past two (2) years:

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Please provide the following information:

- 1. Copy of Hernando County Occupational License
- 2. Copy of Driver's License

**FLORIDA STATUTE 837.06 - FALSE OFFICIAL STATEMENTS.** Whomever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

**I HEREBY AFFIRM THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

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**Signature of License Holder**

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who is (\_\_\_\_) personally known to me, or who (\_\_\_\_) has produced \_\_\_\_\_ as identification.

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**Print/Type/Stamp  
Name of Notary**

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**Signature of Notary Public**

**My Commission Expires:**

**PLEASE RETURN COMPLETED  
FORM TO :**

**Hernando County Development Department  
Contractor Certification  
789 Providence Boulevard  
Brooksville, Florida 34601**