

## HERNANDO COUNTY ACCESSORY USE TENT REGISTRATION

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE TYPE OR PRINT NEATLY**

Contractor's Name: \_\_\_\_\_

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

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

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code  
Business Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code  
Business Phone: (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

County: \_\_\_\_\_

Drivers License Number \_\_\_\_\_

E-MAIL Address: \_\_\_\_\_

\*Please email this form and the required documents below to  
[contractorlicensing@hernandocounty.us](mailto:contractorlicensing@hernandocounty.us)

1. Business Tax Receipt or Competency License from your County.
2. Certificate of Liability Insurance and Workers Compensation with Hernando County Building Division, 789 Providence Blvd., Brooksville, FL 34601 as the Certificate Holder.
3. Copy of current driver's license or other identification with photo and signature. **(COLOR PLEASE)**
4. **Registration Fee. (Contact Department for current fees).**

**I hereby confirm the above stated information is true and correct to the best of my knowledge.**

\_\_\_\_\_ **Signature of License Holder**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

Personally Known OR  Produced Identification

\_\_\_\_\_ **Signature of Notary Public**

\_\_\_\_\_ Type of Identification Produced

(Notary Seal)