

**PASCO COUNTY COMMUNITY DEVELOPMENT DEPARTMENT  
CONTRACTOR'S APPLICATION**

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

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

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

Contact Person: \_\_\_\_\_ Corporation  Partners  Privately Owned

Telephone No.: \_\_\_\_\_ Federal Tax I.D. # \_\_\_\_\_

Fax No.: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please enter the names of the corporation officers (if corporation), partners (if partnership), or owner (if owner):

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address/City; State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address/City; State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address/City; State, Zip: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

PLEASE PROVIDE A RESUME OR BIO FOR EACH PRINCIPAL OF YOUR ORGANIZATION. *(Indicate if experience is new construction, rehabilitation, or historic renovation)*

Other counties in which your company or principals have operated: \_\_\_\_\_

Business references (include local banks and material suppliers):

Name	Address/City, State, Zip	Telephone No.
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Name	Address/City, State, Zip	Telephone No.
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Name	Address/City, State, Zip	Telephone No.
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Recent customers with whom you have done business:

_____	_____	_____	\$ _____
Name	Address/City, State, Zip	Telephone No.	Amount
_____	_____	_____	\$ _____
Name	Address/City, State, Zip	Telephone No.	Amount
_____	_____	_____	\$ _____
Name	Address/City, State, Zip	Telephone No.	Amount

Recent firms with which you have established credit:

_____	_____	_____
Name	Address/City, State, Zip	Telephone No.
_____	_____	_____
Name	Address/City, State, Zip	Telephone No.
_____	_____	_____
Name	Address/City, State, Zip	Telephone No.

Have you ever filed for bankruptcy? Yes  No   
 Have you ever been convicted of a felony? Yes  No   
 Have you ever been debarred from a State or Federal job? Yes  No

The undersigned contractor certifies that all information given herein is correct and that the information may be verified from any source and further agrees:

- That the Florida Contractor License Class "C" and Bond therefore are current, and that the undersigned contractor agrees to maintain current status of all licenses and Bonds as required by Florida and Pasco County laws.  
Contractor License No.: \_\_\_\_\_.
- That the contractor will perform the work in accordance with the description of work, general specifications, all applicable Pasco County and applicable City codes and zoning regulations, and be subject to a final inspection by the Pasco County Community Development Department.
- That if the work performed by the contractor is found to be unsatisfactory or if the contract relations between the contractor, homeowner, or other parties are found to be unsatisfactory, the Pasco County Community Development Department may remove his/her name from the list of selected contractors without notice.
- That the contractor will hold all applicable County and City Occupational Licenses.
- That he/she will abide by all applicable Equal Employment Opportunity regulations.
- Upon approval, contractors must successfully complete a single project under the direction of a Community Development Housing Specialist, prior to bidding on additional projects.

**TO BE SUBMITTED WITH APPLICATION:**

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|---|--|
| 1) Copy of signed & dated IRS Form W-9                                  | 4) Proof of current Workers Compensation Policy or Exemption |
| 2) Proof of current Liability Insurance                                 | 5) Authority to verify credit                                |
| 3) Copy of Pasco County Business Tax Receipt (FKA Occupational License) | 6) Copy of State Licenses                                    |

**We require prime contractor to carry Workers Compensation on their entity. Up to three officers of the corporation may be exempt but the ENTITY itself must carry Workers Compensation to cover any workers who may be on the job site.**

Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Title: \_\_\_\_\_

Please return application and required attachments to:

Pasco County Community Development  
8610 Galen Wilson Blvd.  
Port Richey, FL 34668  
(727) 834-3447

**AUTHORITY TO VERIFY CREDIT**

This is your authority to order a consumer credit report, and to make any other inquiries pertaining to my credit. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective contractor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective contractor or borrower may be delayed or rejected.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date