

Contractor's Registration Form (Please Print)

(All contractors that are not State-Certified must be registered with Monroe County, prior to registering with The City of Marathon)

Business Name:			
Phone:	Fax:		
Email:			
Physical Address:			
Street	City	State	Zip
Mailing Address:			
Street	City	State	Zip
Qualifier Name:	Signature:		
Cell Phone:			
Address:			
Street	City	State	Zip
Agent:	Notarized Agent	Letter signed by Qualif	ier must be provided)
Cell Phone:	Alt Phone:		
Address:			
Street	City	State	Zip

Please Provide Up To Date Copies Of The Following:

- 1. ANY LICENSE PERTAINING TO WORK BEING DONE (State of Florida, Monroe County, Etc.)
- 2. OCCUPATIONAL LICENSE OR BUSINESS TAX
- 3. CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY. THE CERTIFICATE MUST NAME THE CITY OF MARATHON AS THE CERTIFICATE HOLDER AND BE PROVIDED BY THE INSURANCE PROVIDER.
- 4. WORKERS COMPENSATION OR EXEMPTION (If Exempt, Exemption Affidavit is required and can be obtained online or at City Hall.)

Please provide the above information by 1) Bringing it directly to City Hall (notary services are available), 2) Mailing it to the address listed below, or 3) Emailing to inspections@ci.marathon.fl.us