



**NOTIFICATION OF CHANGE IN BUSINESS STATUS**

Department of Community Development

P.O. Box 398, Fort Myers, Florida 33902

(239) 533-8895 ContractorLicensing@Leegov.com

This notification from the grandfathered license holder to the Department of Community Development is provided in order to satisfy the requirements set forth in Ordinance 23-09.

Pursuant to Section 10, Ordinance 23-09, notification shall be provided to the Department of Community Development within 30 days of any change of business status.

Payment of a \$25.00 fee shall accompany this notification.

**Section I:**

Applicant's name: \_\_\_\_\_

License number: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Section II:**

Business No Longer Qualified: \_\_\_\_\_

If no company name will be used, write "individual"

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

(Street) (City) (State) (ZIP)

Office Phone: \_\_\_\_\_ FEIN: \_\_\_\_\_

**Section III:**

Business Applicant Will Qualify: \_\_\_\_\_

If no company name will be used, write "individual"

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

(Street) (City) (State) (ZIP)

Office Phone: \_\_\_\_\_ FEIN: \_\_\_\_\_



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**Section VI:**

Corporations or Limited Liability Corporation

Attach a copy of the Annual Report Form filed with the Florida Secretary of State or, if your corporation is newly established, attach a copy of the Florida Certificate of Incorporation and the page listing the corporate officers. If you are not a corporate officer in the corporation you wish to qualify, an authorization resolution must be completed; the form is attached to this application for your convenience.

**Section VII:**

Fictitious Name

Attach a copy of the recorded Fictitious Name Registration and Ownership form from the Division of Corporations. (This does not apply to corporations using their registered name.) Fictitious Name Registration packets may be obtained at the contractor licensing office or by contacting Fictitious Name Registration, P.O. Box 1300, Tallahassee, FL 32303-1300 (850) 488-9000. If you are not a partner or owner in the company name you wish to qualify, an authorization resolution must be completed; the form is attached to this application for your convenience.

**Section VIII:**

Insurance

Attach a copy of a Certificate of Insurance for General Liability and workers' compensation. The insured's name on the Certificate of Insurance must be your exact company name (exactly) as it appears on your license.

The following information needs to appear in the 'Certificate Holder' section\*:

Lee County Contractor Licensing  
P.O. Box 398  
Fort Myers, FL 33902

**Section VII:**

Certification

Under penalties of perjury, I declare that I have read the forgoing document and that the facts stated in it are true.

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Applicant Signature

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Date