

**TOWN OF INDIAN RIVER**  
**SHORES CONTRACTOR**  
**INFORMATION**

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

BUSINESS NAME \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS CATEGORY: \_\_\_\_\_

QUALIFIER PRINT NAME: \_\_\_\_\_

QUALIFIER SIGNATURE: \_\_\_\_\_

**NOTARY REQUIRED**

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

The foregoing document was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

Notary Public

(affix seal)

EMERGENCY TELEPHONE: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_

FEDERAL EMPLOYER ID: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_