



**Charlotte County Parks, Recreation & Cultural Resources  
Independent Contractor Vendor Application**

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Date \_\_\_\_\_  
Name of Firm/DBA \_\_\_\_\_  
Individual \_\_\_\_\_  
**V** Name \_\_\_\_\_  
**E** Principal \_\_\_\_\_  
**N** Contact \_\_\_\_\_  
**D** Mailing \_\_\_\_\_  
**O** Address \_\_\_\_\_  
**R** Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_  
Business \_\_\_\_\_  
Phone \_\_\_\_\_ Fax Number \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

What do you sell? \_\_\_\_\_

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Liability Insurance  
**I** Carrier \_\_\_\_\_  
**N** Name \_\_\_\_\_  
**S** ID # \_\_\_\_\_

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Business is licensed (unless exempt by applicable law), permitted or certified to do business in the  
**L** State of Florida  Yes  No  
**I** Business & Professional \_\_\_\_\_ State of \_\_\_\_\_  
**C** Regulation \_\_\_\_\_ Florida \_\_\_\_\_  
**E** License # \_\_\_\_\_ Corporation \_\_\_\_\_  
**N** Charlotte \_\_\_\_\_ ID# \_\_\_\_\_  
**S** County \_\_\_\_\_ State of \_\_\_\_\_  
**E** Occupational \_\_\_\_\_ Florida \_\_\_\_\_  
Lic # \_\_\_\_\_ Fictitious \_\_\_\_\_  
Name Reg # \_\_\_\_\_

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Type of Organization  Individual/Sole Proprietor  Non-Profit  Partnership  Corporation  
**I** Social \_\_\_\_\_ Federal Tax  Yes  No  
**D** Security # or \_\_\_\_\_ ID # \_\_\_\_\_

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**S** I hereby certify that the information supplied herein is correct:  
**I** (This is a legal signature, please insure all information is accurate.)  
**G**  
**N**  
**A** \_\_\_\_\_  
**T** Name \_\_\_\_\_ Title \_\_\_\_\_  
**U**  
**R** Email \_\_\_\_\_  
**E**