

**STATEMENT OF FACT**  
**By subcontractor obtaining**  
**City of Edgewater Occupational License**

City of Edgewater  
State of Florida  
County of Volusia

Florida Statutes  
Sec. 440 & 489

***Before me this day personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says as follows: "I have read and fully understand the provisions of this instrument."***

**DISCLOSURE STATEMENT**

State law requires any subcontractor who receives compensation for services rendered carry liability insurance and workers' compensation insurance and/or workers' compensation insurance exemption. You have applied for an occupational license to work as a subcontractor in the City of Edgewater. By signing this affidavit you are stating that you have complied with these requirements. Failure to do so will result in your City of Edgewater Occupational License being revoked. It is your responsibility to provide proof of liability insurance and workers' compensation insurance or worker's compensation exempt affidavit to homeowners and/or contractors when services are rendered.

**Name of Business:** \_\_\_\_\_  
**Nature of Business:** \_\_\_\_\_  
**Owner's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Personally known \_\_\_\_\_  
Type of Identification \_\_\_\_\_

\_\_\_\_\_  
Notary Signature/Seal