



DATE: _____

APPLICANT NUMBER: _____

LICENSE NUMBER: _____

LICENSING DIVISION
ST. JOHNS COUNTY BUILDING DEPARTMENT
APPLICATION FOR COUNTY AUTHORIZED CONTRACTOR LICENSE

I hereby make application for a license to work in St. Johns County, Florida as a:

Type _____ Class _____

QUALIFYING BY: (check one)

A. Proctored examination

B. Experience review by St. Johns County Review Board (Class III Specialty Trades only)

C. Reciprocity of proctored examination with _____
(name of city or county)

Applicants Full Name _____ Phone (____) _____

E-mail _____

Company Name _____ Fax (____) _____

(write "Owner" if self-employed & fictitious name if applicable)

SUBMIT PROOF (DOCUMENT) OF CORPORATION NAME OR FICTITIOUS NAME

Mailing Address _____
Street City/State Zip Code

Residence Address _____
Street City/State Zip Code

Have you ever applied for a St. Johns County license in this or any other field before? No Yes

If Yes: Type _____ License # _____ Status _____ How Long? _____

Do you presently or have you ever held a contractor license from any other city, county or state? No Yes

If yes, where? _____ License Status: _____

How Long? _____ Type Held: _____

WORK HISTORY FOR PAST FIVE YEARS (Attach additional sheets if required):

Note company name here if self-employed Owner: _____

Presently Employed By: _____ Position _____

Employers Address: _____ Phone (____) _____

Previous Name of Firm	Street Where	City/State When	Nature of Employment	Any Violation of License Regulations

REFERENCES: List three persons on lines below, (not relatives) with definite knowledge of your trade qualifications.

**Class III Specialty Trades Contractor applicants MUST ALSO SUBMIT LETTERS
From 3 additional individuals who can reference your workmanship in the trade.**

<u>Full Name</u>	<u>Business or Home Address</u>	<u>Occupation/Business</u>
1.		
2.		
3.		

Have you ever been convicted of any crime? No Yes Adjudged bankrupt? No Yes Adjudged Insane? No Yes

Refused a fidelity bond or been refused a contractors license or had one revoked? No Yes

Have you ever failed to complete a construction contract? No Yes

Have you ever been convicted of a violation of Chapter 489, Florida Statutes (Construction Industry Licensing Law)?
 No Yes

Have you ever been convicted of a violation of any other contracting regulations? No Yes
(If you answered yes to any of the preceeding questions, explain fully on a separate sheet.)

Date of Birth: _____
month day year

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

I hereby certify that the forgoing statements are true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

STATE OF FLORIDA COUNTY OF ST. JOHNS

NOTARY as to Contractor below:

Sworn to or affirmed and subscribed before me

this _____ Day of _____ 20 _____

Notary Signature

Commission Number & Expiration Date

Known Personally _____ OR Identification _____ Type Identification _____

FOR OFFICE USE ONLY:

General Practice

Subcontractor only

License Type _____ License Number _____

Exam Date _____ Exam Grade _____ Jurisdiction _____

Business & Law Exempt _____ Certificate _____ Test/Score _____ Date _____

Boards Vote: Approved _____ Disapproved _____ Date _____

****FEES: Fee must accompany application. Fee is non-refundable after application has been entered in the records.**

****All Checks should be made payable to: St. Johns County**

Mail To: Contractor Licensing / Building Department

4040 Lewis Speedway

St. Augustine, Florida 32084

Phone (904) 827-6820 Fax (904) 827-6847

Application Revised 05/13