



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

APPLICANT NUMBER: \_\_\_\_\_

BL- LICENSE NUMBER: \_\_\_\_\_

## CONTRACTOR LICENSING

### 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 of license applying for \_\_\_\_\_ Class I or Class II

#### QUALIFYING BY:

A. Proctored Examination to be sponsored by St. Johns County \_\_\_\_\_  
OR

B. Reciprocity of Proctored Examination from \_\_\_\_\_  
(name of City or County reciprocating from)  
\*\*\*\*\*

Applicant's Name: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Business Name \_\_\_\_\_  
(The business you will be qualifying, submitting proof of Corporation/LLC/Fictitious Name info from Sunbiz.org)

Business Address \_\_\_\_\_

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

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

If Yes: Type \_\_\_\_\_ License # \_\_\_\_\_ Status \_\_\_\_\_ When? \_\_\_\_\_

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? \_\_\_\_\_

**CONSTRUCTION EMPLOYMENT HISTORY FOR AT LEAST LAST FIVE YEARS (attach additional sheets if necessary): INCLUDE SELF EMPLOYMENT IF APPLICABLE. MOST CURRENT EMPLOYMENT FIRST.**

COMPANY NAME	WHERE	WHEN	NATURE OF EMPLOYMENT

**REFERENCES: List three persons on lines below, No Relation to You, with definite knowledge of your trade qualifications.**

NAME	CITY, STATE/PHONE NUMBER	OCCUPATION/BUSINESS

(COMPLETE PAGE TWO ON REVERSE SIDE)

APPLICATION WILL BE RETURNED IF NOT FULLY COMPLETED

**PLEASE ANSWER THE FOLLOWING QUESTIONS BY SELECTING EITHER YES OR NO:**

1. Have you ever been convicted of any crime? **Yes**      **No**

2. Adjudged bankrupt? **Yes**      **No**

3. Adjudged Insane? **Yes**      **No**

4. Been refused a fidelity bond or been refused a contractors' license or had one revoked? **Yes**      **No**

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

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

7. Have you ever been convicted of a violation of any other contracting regulations? **Yes**      **No**

**\*If you answered YES to ANY of the preceding questions, explain fully on a separate sheet of paper\***

**WHAT/WHERE/WHEN?**

Date of Birth: \_\_\_\_\_  
Month                      Day                      Year

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

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

Signature of Applicant

Date

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me  
by means of      physical presence or      online notarization,

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped):

Personally known      OR Produced Identification      Type of Identification \_\_\_\_\_.

**FOR OFFICE USE ONLY:**

**General Practice**

**Subcontractor only**

License Type \_\_\_\_\_ License Number \_\_\_\_\_

Exam Date \_\_\_\_\_ Exam Grade \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Business & Law Certificates \_\_\_\_\_ Dates \_\_\_\_\_ Test/Score \_\_\_\_\_ Date \_\_\_\_\_

Boards Vote: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

**\*\*FEES: Fee are due at time of application for testing/reciprocity. Fee is non-refundable after application has been entered in the records.**

St. Johns County  
Contractor Licensing / Building Department  
4040 Lewis Speedway  
St. Augustine, Florida 32084  
Phone: (904) 827-6820 Email: [conlicen@sjcfl.us](mailto:conlicen@sjcfl.us)

**\*If you answered YES to ANY of the preceding questions, explain fully  
WHAT/WHERE/WHEN:**