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 CIRCLING 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