

**OKEECHOBEE COUNTY PLANNING AND DEVELOPMENT
CONSTRUCTION INDUSTRY LICENSING BOARD
1700 NW 9th Avenue, Suite A
OKEECHOBEE, FL 34972
PHONE # 863-763-5548 FAX # 863-763-5276**

STATE CERTIFIED CONTRACTORS

DATE: _____
BUSINESS NAME: _____
OWNERS NAME: _____
BUSINESS ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
BUSINESS PHONE: _____ **FAX #:** _____
QUALIFIERS NAME: _____
HOME ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
HOME PHONE: _____ **CELL #:** _____
E-MAIL ADDRESS: _____

**PLEASE PROVIDE THIS OFFICE WITH A COPY OF THE FOLLOWING ITEMS:
(NOTE: ALL INFORMATION MUST BE LEGIBLE. ANY MISSING ITEMS WILL
RESULT IN A DELAY IN THE REGISTRATION PROCESS)**

- ___ **CURRENT STATE CERTIFICATION ISSUED BY STATE OF FLORIDA**

- ___ **CURRENT BUSINESS TAX RECEIPT (FORMERLY CALLED OCCUPATIONAL LICENSE)
ISSUED BY HOME JURISDICTION (WHERE BUSINESS IS LOCATED)**

- ___ **CURRENT CERTIFICATE OF LIABILITY, LISTING OKEECHOBEE COUNTY AS THE
CERTIFICATE HOLDER WITH ADDRESS SHOWN ABOVE**

- ___ **CURRENT CERTIFICATE OF WORKER'S COMP INSURANCE, LISTING OKEECHOBEE
COUNTY AS THE CERTIFICATE HOLDER WITH ADDRESS SHOWN ABOVE OR A
WORKER'S COMP EXEMPTION (NOTE: OUT-OF-STATE PRODUCERS MUST STATE
THAT COVERAGE IS FOR FLORIDA)**

- ___ **VALID DRIVER'S LICENSE (MUST BE INCLUDED FOR LICENSE HOLDER)**