

OKEECHOBEE COUNTY COMMUNITY DEVELOPMENT
CONSTRUCTION INDUSTRY LICENSING BOARD

1700 NW 9th Avenue, Suite A
Okeechobee, FL 34972
Phone: 863-763-5548

DATE: _____

BUSINESS NAME: _____

BUSINESS OWNERS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____

QUALIFIERS NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

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

_____ COPY OF CURRENT STATE CERTIFICATION ISSUED BY THE STATE OF FLORIDA

_____ CURRENT BUSINESS TAX RECEIPT ISSUED BY THE HOME JURISDICTION (WHERE
BUSINESS IS LOCATED)

_____ CURRENT CERTIFICATE OF LIABILITY INSURANCE, LISTING OKEECHOBEE
COUNTY AS THE CERTIFICATE HOLDER WITH THE ADDRESS SHOWN ABOVE

_____ CURRENT CERTIFICATE OF WORKERS COMPENSATION INSURANCE, LISTING
OKEECHOBEE COUNTY AS THE CERTIFICATE HOLDER WITH THE ADDRESS SHOWN
ABOVE OR A WORKERS COMPENSATION EXEMPTION (NOTE: OUT-OF-STATE
PRODUCERS MUST STATE THAT COVERAGE IS FOR FLORIDA)

_____ VALID DRIVER LICENSE INFORMATION FOR QUALIFIER (MUST INCLUDE STATE OF
ISSUANCE AND LICENSE NUMBER)

_____ \$15.00 ADMINISTRATIVE FEE PER YEAR (WITH MAXIMUM 2 YEAR PAYMENT)

MAKE CHECKS PAYABLE TO:
OKEECHOBEE COUNTY COMMUNITY DEVELOPMENT