

OKEECHOBEE COUNTY COMMUNITY DEVELOPMENT  
CONSTRUCTION INDUSTRY LICENSING BOARD

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

Information may be emailed to [acalzada@safebuilt.com](mailto:acalzada@safebuilt.com) and/or [pbeaman@safebuilt.com](mailto:pbeaman@safebuilt.com).

DATE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_  
BUSINESS OWNERS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
**(TO BE ASSOCIATED WITH ONLINE PERMITTING)**

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QUALIFIERS NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
EMAIL ADDRESS OF QUALIFIER: \_\_\_\_\_

**PLEASE PROVIDE THIS OFFICE WITH A COPY OF THE FOLLOWING ITEMS:**

**NOTE: ALL INFORMATION MUST BE LEGIBLE.**  
**PARTIAL SUBMITAL OF INFORMATION WILL NOT BE ACCEPTED.**

- \_\_\_\_\_ 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 WORKER'S COMPENSATION EXEMPTION (NOTE: OUT-OF-STATE PRODUCERS MUST STATE THAT COVERAGE IS FOR FLORIDA)
- \_\_\_\_\_ VALID DRIVERS LICENSE INFORMATION FOR QUALIFIER (MUST INCLUDE STATE OF ISSUANCE AND LICENSE NUMBER)
- \_\_\_\_\_ \$30.00 ADMINISTRATIVE FEE PER YEAR (WITH MAXIMUM 2 YEAR PAYMENT)

**MAKE CHECKS PAYABLE TO:**  
**OKEECHOBEE COUNTY COMMUNITY DEVELOPMENT**  
Payments may be mailed to the address listed above or brought by our office.