



**GMD Operations & Regulatory Management
Licensing Section
2800 North Horseshoe Drive
Naples, FL 34104**

CHECKLIST-SECOND ENTITY

- A notarized statement signed by an authorized agent of the entity qualified as well as a notarized statement signed by an authorized agent of the proposed entity attesting to the fact that each is aware of what entity the licensee is presently qualifying and what entity the licensee is requesting to qualify.
- 3 Credit reports not more than 60 days old: Applicant (Qualifier) (1), present Entity (2), and the proposed Entity (3). If the proposed Entity (3) is newly formed (less than one year old), then that credit report is not required.
- Proof that the license has been active in construction for the previous twelve months with the present entity. Applicant shall submit a list of up to three of the latest jobs completed including the date of completion, address, description of work, and the name of owner. (Questionnaire)
- Insurance certificates of general liability and workers compensation for both the present and proposed entities. The certificate holder shall be made out to COLLIER COUNTY LICENSING BOARD and our address.
- If the proposed entity has been qualified (within the previous 12 months), a statement as to why the previous qualifier is no longer willing to qualify the entity. (Questionnaire)
- If the proposed entity has previously been qualified (within the previous 12 months), a list of three jobs completed by the proposed entity within the last twelve months of qualification. Include the dates of completion, address, description of work, name of previous qualifier, and name of owner. (Questionnaire)
- A statement that there are no outstanding liens or judgments against the present entity or against the proposed entity, or against any consumer(s) that are a result of construction performed by either the present entity or the proposed entity. If liens or judgments are present, an explanatory statement is required. (Questionnaire)
- Bank statements for the previous three months on both the present and the proposed entity (if applicable).
- Verification of bank balance for each entity, for the same date, not to exceed three months prior to the scheduled hearing.

- Statements indicating the manner of remuneration of the license for the present as well as the proposed entities. (Questionnaire)
- Statement showing the licensee's ownership in the present entity as well as ownership in the proposed entity. (Questionnaire)
- Application fee of \$105.00. Make check payable to the Collier County Board of County Commissioners. This fee is nonrefundable regardless of the outcome of the request for additional entity. All checks must clearly state applicant's name and address. If approved, the additional fee for the license will be according to the schedule adopted by the Board of County Commissioners.
- A statement of need, from the licensee, for maintaining the present entity qualification while requesting to qualify an additional entity. (Questionnaire)
- A list of principal suppliers for the present and proposed entity. (Questionnaire)
- A list of persons authorized (currently as well as the previous six months) to pull permits for the licensee. (Questionnaire)
- A list of all officers in the present as well as in the proposed entity. (Questionnaire)
- Provide articles of corporation from the Division of Corporations (sunbiz.org) including fictitious name, if applicable.
- Driver's license or I.D. for the Applicant (Qualifier).

It should be noted that the qualifier must be responsible for and capable of supervising, directing, managing and controlling both the contracting activities of the entity he/she now qualifies as well as the proposed entity. Managing of contracting activities includes the proper collection and disbursement of funds and the proper payment of subcontractors and suppliers. In addition, he/she must be responsible for and capable of the supervision, direction, management and control of all entities for which he/she pulls permits. Geographical location of all entities involved must be so situated as to permit the aforementioned supervision, direction, management and control. The board will consider the ownership, interest, status as a corporate officer or partner, check writing authority, and other factors as evidence of control of the entities. At the sole discretion and option of the board, the board may deem it a requirement that the qualifier be able to sign on checks relating to construction payables.

If you have any questions, please feel free to contact us at:

GMD Operations and Regulatory Management

Licensing Section

2800 North Horseshoe Drive

Naples, FL 34104

Main: (239) 252-2431

Fax: (239) 252-2469

PROOF OF EXPERIENCE

1.8.1 When determining if the applicant possesses the required experience, the Contractor's Licensing Board Supervisor or his/her designee shall accept the following as proof of experience:

- A. Affidavits/notarized letters from former employees with specifics as to the number of years of experience, work performed and any other relevant information.
- B. Copies of other certificates of competency, if any, held in other counties, cities.
- C. Affidavits from any building director in locations where the applicant has worked.
- D. Affidavits from any union organization of which the applicant has been a member, relative to the trade for which the applicant has made application.
- E. Affidavits from any other reasonable source as approved by the Contractor Licensing Supervisor within the trade applied for.

1.8.2 Education at an accredited school may be utilized to satisfy a portion of the experience requirements of this section. Specifically, each full year of school level work in the field for which the application is made shall be credited to the applicant as .75 years' experience, but such credit shall be for no more than one-half of the total experience required.

CREDIT BUREAUS

FROM THE YELLOW PAGES OF THE NAPLES PHONE BOOK

Merit Credit, Inc.	(239) 277-3202	meritcreditservices.com
Credit Check, Inc.	(877) 616-5556	creditcheckin.com
Licenses, Etc.	(239) 777-8321	licensesetc.com
USA Credit Bureau	(888)474-2270	usacreditbureau.com
Credit Bureau Services, Inc.	(866) 561-1400	elicensereport.com

NOTE: You can use any bureau that is nationally recognized & reports a full 7 year history.



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APPLICATION FOR
COLLIER COUNTY/CITY OF NAPLES/CITY OF MARCO

FIRM-SECOND ENTITY

INSTRUCTIONS: This application must be typewritten or legibly printed. The application fee must be paid upon approval and is not refundable. All checks should be made payable to: Collier County Board of County Commissioners. For further information, consult Collier County Ordinance No. 90-105, as amended.

NAME OF COMPANY CURRENTLY QUALIFIED:

Exact Corporate/Business Name: _____

Fiction Name/ DBA: _____

Qualifier Name: _____

Physical Address: _____
(Number & Street) (City) (State) (Zip Code)

Mailing Address: _____
(Number & Street) (City) (State) (Zip Code)

Telephone: _____ E-mail: _____

TYPE OF LICENSE:

<input type="checkbox"/>	General	\$230.00	<input type="checkbox"/>	Electrician	\$230.00
<input type="checkbox"/>	Building	\$230.00	<input type="checkbox"/>	Plumber	\$230.00
<input type="checkbox"/>	Residential	\$230.00	<input type="checkbox"/>	Air Conditioner	\$230.00
<input type="checkbox"/>	Mechanical	\$230.00	<input type="checkbox"/>	Swimming Pool	\$230.00
<input type="checkbox"/>	Roofing	\$230.00	<input type="checkbox"/>	Specialty	\$205.00

Specialty Trade: _____ **Application Fee \$105.00**

CHANGE OF STATUS:

() Reinstatement () From One Business to Another () Dormant License to Active

1. The names, titles, home address and phone numbers of all Officers/Managing Members of the Firm.

_____	_____
_____	_____
_____	_____

2. List all businesses, firms, entities or contracting businesses you have been associated with during the last ten years (i.e. held a license for or been a partner). Attach extra pages if needed.

3. List all debts you or any company(s) associated with you that you refused to pay and the reasons for the refusal to pay. Attach extra pages if needed.

AFFIDAVIT

Under the penalties of perjury I declare that I have read the foregoing application and that the facts stated in it are true.

Authorized Officer of the Firm

The foregoing instrument as acknowledged before me this _____
(Date)

by _____ of _____
(Name of Officer, Title/ Agent) (Name of Corporation)

a _____ Corporation on behalf of the corporation.
(State or Place of Corporation)

He/She has produced _____ identification and did not take an oath.
(Type of identification)

NOTARY'S SEAL

(SIGNATURE OF NOTARY)

QUALIFIER INFORMATION:

Name: _____

Address: _____
(Number & Street) (City) (State) (Zip Code)

Telephone: _____ Date of Birth: _____

SS#: _____ E-mail: _____

Driver's License #: _____

1. Type of Certificate of Competency for which application is made.

2. The names and telephone numbers of two persons who will know your whereabouts.

3. Have you ever been convicted of a crime related to Contracting? _____
(If yes, attach extra sheet with explanation.)

4. Have you or any firms you have been associated with ever filed bankruptcy? _____

5. List all debts you or any company(s) associated with you that you refused to pay and the reasons for the refusal to pay and reasons why.

6. List your business or work experience during the last ten years.

7. Statement of any formal training you have had in the area for which the application is made.

AFFIDAVIT

The undersigned hereby makes application for Certificate of Competency under the provisions of Collier County No. 2006-46, as amended, and under penalties of perjury. I declare that I have read the foregoing qualifier information and that the facts stated in it are true.

The undersigned hereby certifies that he is legally qualified to act on behalf of the business organization sought to be licensed in all matters connected with its contracting business and that he has full authority to supervise construction undertaken by himself or such business or organization and that he will continue during this registration to be able to so bind said business organization. The qualified license holder understands that in all contracting matters, he/she will be held strictly accountable for any and all activities involving his license.

Any willful falsification of any information contained herein is grounds for disqualification.

Applicant (please print)

Name of Company

Signature of Applicant

State of Florida
County of _____

The foregoing instrument as acknowledged before me this _____
(Date)

by _____ who has produced _____
(name of person acknowledging) (type of identification)

as identification and did not take an oath.

NOTARY'S SEAL

(SIGNATURE OF NOTARY)



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APPLICATION TO QUALIFY SECOND ENTITY

THIS FORM MUST BE COMPLETED IF YOU WISH TO INITIATE OR CHANGE THE STATUS OF AN EXISTING LICENSE. READ ALL INSTRUCTIONS AND MAKE SURE YOU HAVE SIGNED WHERE INDICATED. TYPE OR PRINT IN INK.

NAME OF COMPANY QUALIFYING:

Exact Corporate/Business Name: _____

Fiction Name/ DBA: _____

Qualifier Name: _____

Physical Address: _____
(Number & Street) (City) (State) (Zip Code)

Mailing Address: _____
(Number & Street) (City) (State) (Zip Code)

Telephone: _____ E-mail: _____

Federal ID Tax Number: _____

ALL APPLICANTS MUST APPEAR BEFORE THE CONTRACTOR LICENSING BOARD FOR FINAL APPROVAL.

THE BOARD, AT THEIR SOLE DISCRETION, MAY REQUIRE ADDITIONAL DATA IN ORDER THAT THE WELFARE OF THE CONSUMER IS PROTECTED AT ALL TIMES.

AFFIDAVIT

It is understood and acknowledged by the Collier County Contractor's Licensing Board and myself that if I fail to acquire, or maintain at all times effective Workmen's Compensation Insurance it will result in the possible revocation of my Certificate of Competency.

Signature of Applicant

Business Name

Date

BEFORE ME this day personally appeared _____ who affirms and says that he/she has less than one employee and does not require Workmen's Compensation and understands that at any time he/she employs one or more persons he/she must obtain said Workmen's Compensation Insurance.

State of Florida
County of _____

The foregoing instrument as acknowledged before me this _____
(Date)

by _____ who has produced _____
(name of person acknowledging) (type of identification)

as identification and did not take an oath.

NOTARY'S SEAL

(SIGNATURE OF NOTARY)

AFFIDAVIT

The undersigned hereby makes application for Certificate of Competency under the provisions of Collier County No. 2006-46, as amended, and under penalties of perjury. I declare that I have read the foregoing qualifier information and that the facts stated in it are true.

The undersigned hereby certifies that he is legally qualified to act on behalf of the business organization sought to be licensed in all matters connected with its contracting business and that he has full authority to supervise construction undertaken by himself or such business or organization and that he will continue during this registration to be able to so bind said business organization. The qualified license holder understands that in all contracting matters, he/she will be held strictly accountable for any and all activities involving his license.

Any willful falsification of any information contained herein is grounds for disqualification.

Applicant (please print)

Name of Company

Signature of Applicant

State of Florida
County of _____

The foregoing instrument as acknowledged before me this _____
(Date)

by _____ who has produced _____
(name of person acknowledging) (type of identification)

as identification and did not take an oath.

NOTARY'S SEAL

(SIGNATURE OF NOTARY)

QUESTIONNAIRE FOR QUALIFYING A SECOND ENTITY

THIS FORM MUST BE COMPLETED BY THE APPLICANT REQUESTING TO QUALIFY A SECOND ENTITY OR REQUESTING A CHANGE TO AN EXISTING SECOND ENTITY QUALIFICATION. THE APPLICANT AND PRESIDENTS/PARTNERS/OWNERS OF ALL COMPANIES INVOLVED MUST SIGN WHERE INDICATED. USE THIS SHEET, AND ADDITIONAL SHEETS IF NECESSARY.

1. Explain why you wish to maintain your present license(s) while qualifying this additional business.

2. Has the proposed entity been previously qualified? If so, explain why the previous qualifier is no longer willing to continue to qualify this entity.

3. If the proposed entity has been qualified within the last 12 months, list three recent jobs completed by the proposed entity. Include dates of completion, address, description of work, name of previous qualifier and name of owner.

4. List the last three jobs completed by you under your existing license. Include dates of completion, address, description of work, name of previous qualifier and name of owner.

5. Does the business(es) you presently qualify and/or wish to qualify have any outstanding liens against them or against the property of consumers as a result of construction work or a contract they had with your firm?
YES___ NO___ If yes, identify business and provide explanation.

6. List principal suppliers for the past six months for the business you presently qualify.

7. List principal suppliers for the past six months for the business you are applying to qualify.

8. List persons authorized (currently and in the past 6 weeks) to pull permits on your license(s).

9. How are you being paid by the business(es) you presently qualify (salary, % of profit, etc.)?

10. How will you be paid by the business you are applying to qualify?

11. What percentage of ownership do you have in the present business(es) you qualify and what percentage of ownership will you have in the business you are attempting to qualify?

12. Do you (applicant) have check writing authority for the present and proposed entities?
YES ____ NO ____ If yes, provide a letter from the bank.

13. List all officers/partners/owners of the business you are applying to qualify and position held.

14. List all officers/partners/owners of the business you presently qualify and position held.

15. Do the business(es) you presently qualify and wish to qualify have any other licenses presently qualifying those businesses?
YES ____ NO ____ If yes, list licensee's name, license number and address.

16. Submit notarized statements signed by an authorized agent of the entity(ies) you presently qualify and from an authorized agent of the proposed entity attesting to the fact that each is aware of what entity you presently qualify, and what entity you are requesting to qualify.

FINANCIAL RESPONSIBILITY

ALL APPLICANTS/LICENSEES MUST ANSWER THE QUESTIONS BELOW.

If you answer yes to any of the questions, a written explanation is required. Additional documentation is also required, as indicated. If you are applying to qualify a corporation, partnership or other legal entity, ALL OFFICERS OF THAT ENTITY MUST ALSO EXPLAIN IF ANY OF THE BELOW WOULD PERTAIN TO THEM. This would include the president, vice president, secretary, and/or partners or owners of the proprietorship.

Have you, the business organization, or any of the above mentioned individuals in any capacity ever:

YES NO

- _____ _____ 1. Undertaken construction contracts or work for a third party, such as a bonding or surety company, completed or made financial settlements?
- _____ _____ 2. Had claims or lawsuits filed, or unpaid or past due accounts by your creditors as a result of construction experience?
- _____ _____ 3. Undertaken construction contracts or work which resulted in liens, suits or judgments being filed?
- _____ _____ 4. Had a lien filed against you by the Internal Revenue Service or Florida Corporate Tax Division? If yes, you MUST attach a copy of the Notice of Lien, and any payment agreement, satisfaction, Release of Lien or other proof of payment.
- _____ _____ 5. Made an assignment of assets in settlement of construction obligations for less than the debts outstanding?
- _____ _____ 6. Been charged with or convicted of acting as a contractor without a license, or if licensed as a contractor in this or any other state, been "subject to" disciplinary action by a state, county, or municipality? If yes, you must attach a copy of any state, county, municipal or out of state disciplinary order of judgment.
- _____ _____ 7. Filed for or been discharged in bankruptcy within the past five years? If yes, you must attach a copy of the Discharge Order, Order Confirming Plan, or if a Corporate Chapter 7 case, a copy of the Notice of Commencement.
- _____ _____ 8. Been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction within the past 10 years?
NOTE: IF YOU, THE APPLICANT/LICENSEE, HAVE HAD A FELONY CONVICTION, PROOF THAT YOUR CIVIL RIGHTS HAVE BEEN RESTORED WILL BE REQUIRED PRIOR TO LICENSURE.

RESOLUTION OF AUTHORIZATION

WHEREAS _____ proposes to engage
(Name of Business Entity)
in contracting as _____ in
(Type of legal entity: corp., partnership, etc.)

Collier County, Florida, according to Collier County Ordinance 2006-46, as amended: and

WHEREAS _____ proposes to qualify
(Name of Business Entity)
for a Certificate of Competency with _____.
(Name of Individual)

NOW, THEREFORE, BE IT HEREBY RESOLVED THAT:

We the undersigned _____ of
(Officers, Owners, Partners)
_____ hereby resolve and represent to the Collier County
(Name of Business Entity)

Contractor’s Licensing Board that the qualifying agent, _____, is active
(Name of Individual)
in all matters connected with the contracting business of _____, and
(Name of Business Entity)

We further resolve and represent that _____ is
(Name of Individual)
Legally empowered to act for _____ in all matters connected with its
(Name of Business Entity)
contracting business, and has the authority to supervise construction undertaken by

(Name of Business Entity)
DULY PASSED AND ADOPTED THIS _____ DAY OF _____,
(Officers, Partners, Owners- with designation underneath)

Witness

Witness

Witness
Corporate Seal (if applicable) or Notary Public Certificate

Sworn to and subscribed before me this ____ day of _____, _____ by _____.

The foregoing instrument as acknowledged before me this _____
(Date)

by _____ who has produced _____
(name of person acknowledging) (type of identification)
as identification and did not take an oath.

NOTARY’S SEAL

(SIGNATURE OF NOTARY)