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.

Rev. 12/17
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:

☐ General $230.00  ☐ Electrician $230.00
☐ Building $230.00  ☐ Plumber $230.00
☐ Residential $230.00  ☐ Air Conditioner $230.00
☐ Mechanical $230.00  ☐ Swimming Pool $230.00
☐ Roofing $230.00  ☐ 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

State of ______________ County of ______________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this ______day of ________________, 20_____,

by ____________________________________________

Such person(s) Notary Public must check applicable box:
☐ are personally known to me
☐ has produced a current driver license
☐ has produced ____________________as identification.
(Notary Seal)

Notary Signature: ________________________________
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 ____________________ County of ______________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this _____day of ________________, 20 _____ ,

by ______________________________________________________________

Such person(s) Notary Public must check applicable box:
☐ are personally known to me
☐ has produced a current driver license
☐ has produced ____________________________ as identification.
(Notary Seal)

Notary Signature: ____________________________________________
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

State of ____________________ County of ______________________
The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this _____ day of ________________, 20 _____ ,

by ________________________________________________________________

Such person(s) Notary Public must check applicable box:
☐ are personally known to me
☐ has produced a current driver license
☐ has produced ____________________________ as identification.
(Notary Seal)

Notary Signature: _____________________________________________
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 ____________________ County of ______________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this _____day of _____________, 20 _____,

by ______________________________________________________________

Such person(s) Notary Public must check applicable box:
☐ are personally known to me
☐ has produced a current driver license
☐ has produced ____________________________ as identification.
(Notary Seal)

Notary Signature: _____________________________________________
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)

State of ____________________ County of ______________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this ______day of _______________, 20 _____ , by _________________________________

Such person(s) Notary Public must check applicable box:
☐are personally known to me
☐has produced a current driver license
☐has produced ____________________________as identification.
(Notary Seal)

Notary Signature: _________________________________