



# CITY OF CAPE CORAL

Department of Community Development – Licensing/Business Tax Division

## SPECIALTY CONTRACTOR APPLICATION

DATE: \_\_\_\_\_

1. TYPE OF LICENSE REQUESTED: \_\_\_\_\_

2. NAME OF APPLICANT: \_\_\_\_\_

**NOTE: It is the applicant's responsibility to notify the City of a name or address change.**

3. HOME ADDRESS: \_\_\_\_\_  
Street

City State Zip

4. HOME PHONE: \_\_\_\_\_

5. BUSINESS PHONE: \_\_\_\_\_

6. EMAIL ADDRESS: \_\_\_\_\_

7. CORPORATION NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

8. FIRM ADDRESS: \_\_\_\_\_  
Street

City State Zip

9. LIST ANY COMPETENCY LICENSES ISSUED BY OTHER COUNTIES/CITIES ALONG WITH THEIR RESPECTIVE LICENSE NUMBERS:

COUNTY/CITY	LICENSE NUMBER

**NOTE: INCOMPLETE APPLICATIONS MAY BE CAUSE FOR APPLICANT'S LICENSE TO BE DELAYED OR DENIED.**

10. STATEMENT OF BUSINESS ORGANIZATION:

A. If corporation or LLC:

1. Corporate name as registered with Secretary of State:

\_\_\_\_\_

2. List of all current Directors or Members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. List all current Officers or Members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_  
Name of Registered Agent

5. Registered Office Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

B. PARTNERSHIP:

1. All general partners:

\_\_\_\_\_

2. If limited partnership, list address of principal place of business:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

3. Recorded Fictitious Name Affidavit, if applicable (COPY).

C. SOLE PROPRIETORSHIP:

1. Address of principal place of business:

STREET		
CITY	STATE	ZIP

2. Fictitious Name Affidavit, if applicable (COPY)

11. CREDIT REPORT ISSUED WITHIN THE PAST **THREE MONTHS**:

- A. Individual
- B. Company

- 1. **When using any name other than individual, a corporation and company (DBA) credit report is necessary.**
- 2. When applying for a name change only, applicants must supply credit reports of all previous companies they qualified for in the last two years along with a credit report with the new company name.

C. Unpaid judgements, liens and/or bad debts may be basis for denial of issuance of a Competency License. The Board may require documentation from the creditor stating that the judgement, lien and/or bad debts have been satisfied; and

**D. Credit reports must be mailed directly to the City of Cape Coral, Licensing/Business Tax Division by the Credit Bureau.**

12. Three **original notarized** letters of recommendation are needed from licensed **contractors or subcontractors** familiar with the applicant's work or trade experience, stating and affirming the knowledge as to the applicant's reputation for honesty, integrity, good character and trade experience. These letters may be no more than **one (1) year old** at the time the applicant applies for a license. The Board may waive the requirements of this section when an applicant demonstrates that he or she does not know three three (3) Licensed contractors or subcontractors familiar with the applicant's work or trade experience. The Board will then need an affidavit from the applicant, on a form provided by the Licensing/Business Tax Division, explaining his or her work experience.

13. BLOCK EXAM INFORMATION:

NAME OF TEST	PLACE TAKEN	DATE TAKEN	GRADE

**Applicant must also provide documentation from administering authority verifying the above information, which must be mailed directly to the Licensing Division.**

**NOTE:** If Block does not administer a test for the particular Specialty License applied

for, the applicant must pass the Block General Specialty Exam and furnish proof from the administering authority verifying the passing grade of 75% or higher.

14. State whether he/she or the business has ever had a contractor's license denied, suspended or revoked, or if he/she or the business has ever been denied permit pulling privileges by any County, Municipality or other Governmental Agency.

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain:

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15. State whether he/she has ever been convicted of a felony.

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain:

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16. Are you currently involved in any civil litigation, criminal or administrative proceedings?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain:

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- 17. The applicant must appear in person before the Board.
- 18. The applicant may fill out a form authorizing others to pull permits, if desired, and it shall be the contractor's responsibility to keep it updated.
- 19. INSURANCE REQUIREMENTS:

After approval by the board and before a license is issued by the Licensing Division, the applicant must provide a certificate of insurance, listing the City of Cape Coral as the certificate holder; evidencing public liability coverage with minimum limits of not less than fifty thousand (\$50,000) dollars for one person and one hundred thousand (\$100,000) dollars for more than one person in any accident and property damage insurance with a minimum limit of not less than five thousand (\$5,000) dollars per accident.

The applicant must also provide a Certificate of Insurance for Florida Worker's Compensation or an Exemption from Worker's Compensation.

**It is agreeable that any untruth or misstatement contained in this application will be considered fraud and sufficient reason for revocation of any license to this applicant.**

\_\_\_\_\_  
 APPLICANTS SIGNATURE

**AFFIDAVIT**  
 (Specialty Contractor's Application)

**This application is true and correct to the best of his/her knowledge. He/she furthermore states that he/she will not undertake any work that is not in the scope of his/her license.**

State of Florida  
 County of \_\_\_\_\_

Certifiably sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_. He/she is personally known to me or has produced \_\_\_\_\_ as identification.

Notary Public Signature: \_\_\_\_\_

Notary Seal:



# CITY OF CAPE CORAL

Department of Community Development – Licensing/Business Tax Division

## VERIFICATION OF CONSTRUCTION EXPERIENCE

APPLICANT'S NAME: \_\_\_\_\_

LICENSE/TRADE CATEGORY REQUESTED: \_\_\_\_\_

The Applicant is seeking a City of Cape Coral Certificate of Competency in the trade indicated above. As part of the application for this certificate, you must verify their experience within this trade. You are being requested to provide information that will aid the applicant in meeting this requirement. **You should verify time of active experience working for you as an apprentice or a skilled worker (e.g., as worker commanding the wage of mechanic or better in the trade). Time served solely in a supervisory or administrative role should be described, but may or may not be considered sufficient to demonstrate required trade experience. The person verifying trade experience for the above-named applicant must provide the following information:**

NAME: \_\_\_\_\_  
(Name of person signing below and verifying the applicant's relevant experience)

TITLE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_  
(e.g., owner, supervisor, etc.)

NAME OF COMPANY OR BUSINESS: \_\_\_\_\_

COMPANY OR BUSINESS ADDRESS: \_\_\_\_\_  
Street or P.O. Box City State Zip

BUSINESS OR OFFICE PHONE: ( ) \_\_\_\_\_

THE APPLICANT WAS EMPLOYED BY ME FROM \_\_\_\_\_ TO \_\_\_\_\_

THE APPLICANT'S SCOPE OF WORK (SPECIFIC DUTIES) WHILE EMPLOYED BY ME INCLUDED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

**Licensed contractors who falsify any information provided may be subjected to a revocation of his/her license.**

\_\_\_\_\_  
Signature of person providing statement

**AFFIDAVIT**  
(Verification of Construction Experience)

*The State and County execution must be filled in by the Notary Public*

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NAME OF COMPANY OR BUSINESS: \_\_\_\_\_

COMPANY OR BUSINESS ADDRESS: \_\_\_\_\_

Street or P.O. Box                      City                      State                      Zip

BUSINESS OR OFFICE PHONE: (     ) \_\_\_\_\_

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\_\_\_\_\_  
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Street or P.O. Box City State Zip

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\_\_\_\_\_  
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## AFFIDAVIT OF WORK EXPERIENCE

*THIS FORM IS TO BE COMPLETED BY THE PERSON APPLYING FOR THE CERTIFICATE OF COMPETENCY. IT SHOULD OUTLINE, IN YOUR OWN WORDS, YOUR WORK HISTORY OF THE JOBS HELD FOR THE PAST FIVE YEARS. DESCRIBE IN DETAIL THE DUTIES PERFORMED INCLUDING ANY SUPERVISORY RESPONSIBILITIES.*

Applicant Name: \_\_\_\_\_

### Current or Most Recent Employment

Job Title: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Dates employed from: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Number of employees you supervised (if any): \_\_\_\_\_

Complete description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Next Most Recent Employment

Job Title: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Dates employed from: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Number of employees you supervised (if any): \_\_\_\_\_

Complete description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Job Title: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Dates employed from: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Number of employees you supervised (if any): \_\_\_\_\_

Complete description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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**It is agreeable that any untruth or misstatement contained in this application will be considered fraud and sufficient reason for revocation of any license to this applicant.**

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Applicant's Signature

**AFFIDAVIT**  
(Work Experience)

This application is true and correct to the best of his/her knowledge. He/she furthermore states that he/she will not undertake any work that is not in the scope of his/her license.

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