

**LEVY COUNTY BUILDING DEPARTMENT
APPLICATION FOR
STATE CERTIFIED CONTRACTOR**

DATE: _____

LICENSE HOLDERS NAME: _____

BUSINESS NAME: _____

TYPE OF LICENSE: _____

LICENSE # _____ **EXPIRATION DATE:** _____

ADDRESS: _____

PHONE # () _____ **CELL PHONE # ()** _____ **FAX # ()** _____

CONTRACTOR/AGENT PRINT

CONTRACTOR/AGENT SIGNATURE

SUBMIT THIS APPLICATION WITH THE FOLLOWING:

**COPY OF STATE CERTIFICATION CARD
COPY OF LIABILITY INSURANCE
COPY OF WORKERS COMPENSATION INSURANCE OR
WORKERS COMPENSATION EXEMPTION CARD
COPY OF DRIVERS LICENSE/PICTURE I.D.**

\$20.00/RECORDS MANAGEMENT FEE

(Make Checks Payable to: Board of County Commissioners)

MAIL TO: Post Office Box 672 Bronson, Florida 32621

PHONE # (352)486-5204 - FAX # (352)486-5246

ATTENTION: KIM

EMAIL: durance-kim@levycounty.org