

TAYLOR COUNTY

SPECIALTY CONTRACTOR

LICENSE APPLICATION

REQUIREMENTS

1. Minimum 18-years old
2. Proof of 2-years experience in each category requested
3. Submittal of completed application
4. 3-letters of personal credit
5. Completed financial statement
6. Certificate of insurance:
 - a. \$25,000 Liability
 - b. \$10,000 Property DamageNote: Name of insured must reflect the exact name of business organization.
7. Certificate of Worker's Compensation or Worker's Comp Exemption
Note: Applicant will be allowed 30-days to acquire policy or exemption after Board approval for license. License will not become valid until documents are submitted to the Building Department.
8. For a corporation, submit names of all officers of the corporation and percent ownership.
9. License fee of \$25.00 payable upon Licensing Board Approval.
10. Applicants whose business address is located in the unincorporated area of the County must also obtain an Occupational License from the Tax Collector after approval by the Licensing Board.

Name: _____

Address: _____

Phone #: _____

Drivers License: _____

Company Name: _____

LICENSE CATEGORY

MASONRY	
Brick:	
Block:	
Slab:	
Foundation:	
Stucco:	

CARPENTRY (non-structural)	
Decks: (no-roof)	
Door Replacement:	
Window Replacement:	
Ramps: (residential)	

FLOORING	
Vinyl:	
Carpet:	
Tile:	
Wood:	

VINYL SIDING:	
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DRYWALL:	
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PAINTING:	
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CABINetry:	
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GUTTER:	
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INSULATION:	
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GARAGE DOOR:	
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INSURANCE REQUIREMENTS

Attach original from insurance provider

General Liability:	\$25,000
Property Damage:	\$10,000

WORKER'S COMPENSATION

I understand that proof of worker's compensation insurance or worker's compensation exemption must be submitted to the Building Department within 30-days of license approval by the licensing Board.

Signed: _____

CREDIT REFERENCES

	NAME OF FIRM	ADDRESS
1.		
2.		
3.		

Are you presently licensed in any other Counties or Municipalities? Yes: No:

If yes, where: _____
Include copy of license with application

Have you ever failed to complete a construction contract? Yes: No:

Have you ever been refused a contractor's license? Yes: No:

Have you ever had a contractor's license revoked? Yes: No:

Have you ever declared bankruptcy? Yes: No:

Are there any outstanding liens against you or your company? Yes: No:

If the answer to any of the above is yes, explain fully in space provided below.

FINANCIAL STATEMENT

Every applicant for licensure must furnish this statement. If you are applying as an individual, it must reflect your financial standing. If you will qualify a company of any kind, it must reflect that company's finances. If your assets consist mainly of cash in banks and/or machinery & equipment, you must also submit cash verification from the bank and a listing of machinery & equipment (indicating value of each).

You may submit an accountant's statement in lieu of this form

Statement of financial condition of: _____ as of: _____
Name of individual or entity Date:

ASSETS		LIABILITIES	
Current Assets	Amount	CURRENT LIABILITIES	AMOUNT
Cash in Bank:		Accounts Payable:	
Notes Receivable:		Notes Payable to Bank:	
Accounts Receivable – current:		Other Notes Payable:	
Inventory:		Notes Receivable Discounted:	
		Mortgages & Bonds Payable:	
		Accrued Income Taxes:	
		Wages & Interest:	
		Other Current Liabilities:	
TOTAL CURRENT ASSETS:			
Land:			
		TOTAL CURRENT LIABILITES:	
		Other Liabilities (due after 1-year)	
Buildings-Net (after depreciation):			
Machinery, Fixtures & Equipment:			
Leasehold Improvements - Net:			
Cash Value Life Insurance:		TOTAL LIABILITIES:	
Stocks & Bonds:			
Prepaid Expenses & Deferred Charges		Capital Stock Surplus (corporation)	
Other Assets (itemize):			
		NET WORTH**:	
TOTAL ASSETS:		Total Liabilities & Net Worth:	

Total Assets Must Equal Total (Liabilities and Net Worth)

The Undersigned Certifies that the information herein is true and correct.

By: _____
Signature of Applicant, Proprietor, Partner or Officer

Title: _____ Date: _____

