

**VILLAGE OF ISLAMORADA
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
SEWER CONNECTION PROGRAM**

APPLICATION FOR PLUMBING CONTRACTOR CERTIFICATION

A. Name of License Holder: _____

Company Name: _____

Business Address: _____

Telephone/Cell Number(s): _____

Fax Number: _____

E-mail Address: _____

Residence Address: _____

Plumbing Contractor License Number(s): _____

(Must provide copy(ies) with Application for each Monroe County jurisdiction in which license(s) are held)

Occupational License Number(s): _____

(Must provide copy(ies) with Application for each Monroe County jurisdiction in which license(s) are held)

Social Security or
Federal I.D. Number: _____

B. Business is a: _____ Sole Proprietorship _____ Partnership
 _____ Corporation in the State of _____

Are you a Section 3 Company: YES or NO

Are you a Minority Business Enterprise: YES or NO

Owner Name(s) and Address(es):

1. _____

2. _____

Officer Name(s), Title(s) and Address(es):

1. _____

2. _____

- C. Name of Insuring Company: _____
Address: _____
Policy Number: _____
Comprehensive Public Liability Coverage: \$ _____
Property Damage Coverage: \$ _____
Workmen's Compensation Coverage: \$ _____

Requirements: \$100,000/person and \$300,000/occurrence coverage for contractor's public liability (including accidental death and bodily injury), or \$300,000 comprehensive coverage and \$50,000 coverage of property damage (in addition to bodily injury), with a certificate of insurance from the insurer naming the Certificate Holder as: Islamorada, Village of Islands, 86800 Overseas Hwy, 3rd Floor, Islamorada, Florida 33036; and guaranteeing thirty (30) days' notice to the Village prior to discontinuation of coverage. Workman's Compensation, as applicable, is also required.

Certificate(s) of Insurance must be provided with the Application.

- D. Number of years in business under present name: _____

Previous business? _____ YES _____ NO

- If YES:
1. Name: _____
From: _____ to _____
Where: _____
 2. Name: _____
From: _____ to _____
Where: _____

E. List two (2) local creditors (banks, savings & loans, other):

	Name	Address
1.	_____	_____
	_____	_____
2.	_____	_____
	_____	_____

F. List two (2) frequently used suppliers:

	Name	Address
1.	_____	_____
	_____	_____
2.	_____	_____
	_____	_____

G. List subcontractors (if any):

Septic	1.	_____
	2.	_____
Landscape	1.	_____
	2.	_____
Other	1.	_____
	2.	_____
	3.	_____

H. Number of Current Employees: _____

Superintendent for jobs is usually (check one):

_____ Contractor _____ Employee

If Employee, name: _____

I. Have you (personally or under present or past business) been declared bankrupt during the past five (5) years?

_____ YES _____ NO If YES, has the bankruptcy been discharged? _____

If YES, when discharged _____

The undersigned Contractor certifies that all information given herein is correct and further agrees:

1. That the Contractor license(s) is (are) current, and that Contractor will maintain in a current status all license(s) as required by the Village of Islamorada, Monroe County and State of Florida.
2. That insurance and workmen's compensation will be maintained as required by the Village of Islamorada.
3. To allow the Village of Islamorada or Government Services Group, Inc. (GSG) to check any reference named herein or elsewhere in determining Contractor competency and integrity.
4. That the work will be performed in accordance with all code standards, zoning regulations and specifications, subject to a clear final inspection by GSG (if necessary), Village of Islamorada and Property Owner.
5. That if the work is found to be unsatisfactory by the Health Department, Village of Islamorada or Florida Keys Aqueduct Authority (FKAA), or if contract relations between the Contractor and the Homeowner or other parties are found to be unsatisfactory, the Contractor's name may be removed from the approved list, with such accompanying publicity as deemed necessary.
6. That the Contractor will abide by Federal Equal Employment Opportunity regulations.
7. That the Contractor has a satisfactory record regarding complaints filed against the Contractor at the Local, State and Federal levels, and is not on any list of debarred contractors issued by the U.S. Department of Housing and Urban Development (HUD), the U.S. or Florida Department of Labor (DOL), or the Florida Department of Economic Opportunity (DEO).

Signed: _____ Date: _____, 20 ____.

Provide copies of the following with your application:

- Completed W-9
- Plumbing Contractor License(s)
- Occupational License(s)
- Certificate(s) of Insurance

Mail ORIGINAL application forms to:

Government Services Group, Inc.
22968 Overseas Hwy
Cudjoe Key, FL 33042
Phone Number: (305) 745-2062