



**EPCI
Code Administration Services
Contractor Application**

Please provide and attach:

1. A copy of any license(s) you have
 2. A copy of your identification (driver's license)
 3. Certificate of liability insurance. (Liability insurance shall be issued by an insurance company licensed to do business in the state of Florida, shall name the City of Mexico Beach as an additional insured by endorsement and shall provide a ten-day notice of cancellation or reduction in coverage to the City of Mexico Beach Building Department.)
 4. Worker's Compensation (certificate or exemption)
 5. Check or money order for required fee. Make check payable to: "City of Mexico Beach"
- * If you hold a Registered State License \$50.00
* If you hold a Certified State License \$25.00

City registration is due by October 1, and expires on September 30 of the following year.

** Registered License Holders Must Also Provide
Comp Card from Bay or Gulf County*



111 Ave. 3429 • Davie Beach, Florida • 32110
954-316-5700 • 350 S.W. 8758

EPCI
Code Administration Services

Contractor Application

Business Name: _____

Business Address: _____

Mailing Address: _____

Email Address: _____

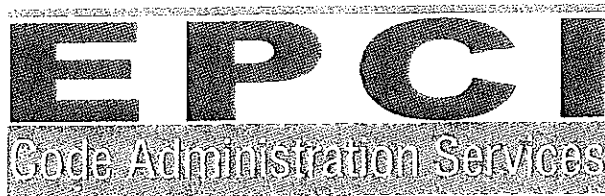
Business Type: _____ Phone #: _____

Owners Name: _____

License #: _____

Cell Phone #: _____ Business Phone #: _____

Authorized Person: _____ Cell Phone #: _____



Hold Harmless Agreement

Every Contractor, Trades Person, Homeowner Contractor, Contractor's employees, or related business entity who conducts business within the City shall resume all responsibility and save the City and its employees free and harmless from any prosecution or liability for any damages to any persons or property in anyway connected with, arising of, or incidental to construction related activities, building inspections, or enforcement of any code violation. Every person who signs this document understands that there is no time limitation in which this document shall expire. This document shall remain in force from this day forward even through any situation where a person's license may be suspended revoked or allowed to expire.

Signature of Person

Persons Name Printed

Persons Business Name (DBA)

Notarization

STATE OF FLORIDA
COUNTY OF GULF

On this _____ day of _____, 20____

I _____ do fully agree to and understand the contents
Type / Print Name of Person, Contractor or Trades Person
of this hold harmless agreement.

Who is personally known to me has produced the following as identification.

Type of Identification

Signature of person taking acknowledgement
Notary Seal or Stamp with Expiration date.



MEXICO BEACH, FL 32456

LETTER OF AUTHORIZATION

I, _____, QUALIFIER OF _____

DO THIS DATE _____, GRANT UNTO _____

AUTHORIZATION TO SIGN FOR AND/OR MY NAME TO ANY AND ALL DOCUMENTS
NECESSARY TO SECURE PERMITS IN MEXICO BEACH, FLORIDA.

LICENSE NUMBER: _____

SIGNATURE

LICENSE HOLDERS CONTACT INFORMATION:

PHONE # _____ ADDRESS: _____

PERSON AUTHORIZED INFORMATION:

PHONE # _____ ADDRESS: _____

THIS AUTHORIZATION EXPIRES SEPTEMBER 30, _____.

STATE OF FLORIDA

COUNTY OF BAY

SWORN TO AND SUBSCRIBED BEFORE ME _____

PERSONALLY APPEARED PERSONALLY KNOWN _____ OR PRODUCED

IDENTIFICATION _____

WITNESS MY HAND AND OFFICIAL SEAL, THIS ___ DAY OF _____ A.D. _____.

NOTARY PUBLIC-STATE OF FLORIDA

MY COMMISSION EXPIRES: _____