

BREVARD COUNTY
LICENSING REGULATION & ENFORCEMENT
2725 Judge Fran Jamieson Way, Bldg A. A-105
Viera, FL 32940
(321) 633-2058 Fax (321) 690-6878

TRANSFER APPLICATION

Date _____

FEE: **\$100.00**

Payable to: Board of County Commissioners

APPLICATION FEES ARE NON-REFUNDABLE

PART I: CURRENT LICENSE HOLDER INFORMATION

1. Name: _____
Last First Middle
2. Address: _____
Number Street City Zip
3. Home Phone No. (____) _____ Business Phone No (____) _____
4. Fax No (____) _____ Email Address: _____
5. License # _____ 6. Trade _____

PART II: CURRENT (OLD) LICENSE INFORMATION

1. Active Inactive
2. Business Name (if any): Individual Partnership Corporation LLC
3. Name of Business on current license: (if any) _____
4. Reason for change: _____
(must provide a reason)
5. List all outstanding permits and contracts of current business: _____
Attach separate list if necessary

PART III: NEW BUSINESS INFORMATION

Applicant conducting business as:

1. Individual Corporation LLC Partnership Name of Business _____
- Sole Proprietor dba as fictitious name, if yes, what is the fictitious name? _____
- As a Corporation or LLC dba as a fictitious name, if yes, list full Corporation or LLC and fictitious name? _____
2. Letter of Authorization - From the Owner/President of the business organization if the applicant is not an owner/officer of the organization he is qualifying allowing the applicant to act as a qualifier of the company.

Cap ID or COC#	Amount Paid \$	Date Paid:	CLB Date:	Processed by:
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Transfer Application

PART IV: BUSINESS FINANCIAL RESPONSIBILITY INFORMATION:

INSTRUCTIONS: List the business entity's officers/directors/partners

Name	Title
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1. Have you undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements?
No Yes If yes, provide a written statement of explanation.
2. Have you had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations?
No Yes If yes, provide a written statement of explanation.
3. Have you undertaken construction contracts or work which resulted in liens, suits or judgments being filed?
No Yes If yes, provide a written statement of explanation.
4. Have you had a lien filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division?
No Yes If yes, provide a written statement of explanation.
5. Have you made an assignment of assets in settlement of construction obligations for less than the debts outstanding?
No Yes If yes, provide a written statement of explanation.
6. Have you been charged with or convicted of acting as a contractor without a license, or if licensed as a contractor in this or any other state, been subject to any disciplinary action by state, county or municipality?
No Yes If yes, provide a written statement of explanation.
7. Have you filed or been discharged in bankruptcy within the past five (5) years?
No Yes If yes, provide a written statement of explanation.
8. Have you been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction within the past ten (10) years?
No Yes If yes, provide a written statement of explanation.
9. Notwithstanding the above, have you ever at any point in time had a felony conviction that has resulted in the revocation of your civil rights?
No Yes If yes, provide a written statement of explanation.

PART V: AFFIDAVIT FOR APPLICANT/LICENSEE OF COMPANY:

I, _____, acknowledge that pursuant to Florida Statute 489 and the Brevard County Code, I am personally responsible for all the financial affairs of the business I am applying to qualify. I realize this includes "financial matters," both for the organization in general and for each specific job.

I, also acknowledge that I will personally supervise all work being done or there will be a certified master or journeyman, if applicable, on the site at all times.

I, _____, CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT ANY WILLFUL FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN IS GROUNDS FOR DISQUALIFICATION.

Signature of Qualifying Contractor

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20____,

by _____,

Signature of Notary

(Notary Seal)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

PART V: AFFIDAVIT FOR FINANCIALLY RESPONSIBLE OFFICER:

(Required if applicant is not the financially responsible party of the business.)

In accordance with Chapter 489.1195(1)(b) I, _____
assume personal responsibility for all financial aspects of _____.
Company Name

Signature of Financially Responsible Officer

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20_____,
by _____,

Signature of Notary

(Notary Seal)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

BREVARD COUNTY LICENSING REGULATION & ENFORCEMENT
TRANSFER CHECK LIST

Name: _____

Date: _____

1. Transfer Application and Fee _____

2. A copy of the Articles of Incorporation or LLC _____

OR a current Annual Report of the Corporation

OR Fictitious Name Certificate of Status

Fictitious Name is defined as "any name under which a person transacts business in this state, other than his legal name."

To receive information of the above documents, contact the Department of State, Division of Corporation at 850-488-9000 or their website www.sunbiz.org

3. **Personal** Credit Report – An original report (not more than 1 year old) _____

CLB rules have very specific requirements regarding the information verified on credit reports; therefore you must obtain your report from a CLB approved credit-reporting agency. A list of approved agencies is attached. The CLB has no relation to these companies; we have merely verified that they follow CLB rule requirements regarding the credit verification. Credit reports obtained directly from "Equifax", "Trans Union" or "Experian" will **NOT** be accepted. Reports from the Internet, banks, credit unions, mortgage companies, car dealerships or other lending institutions will also **NOT** be accepted. Copies will **NOT** be accepted.

The credit report must include a Public Records statement that records have been checked at County, State and Federal levels. A list of approved Credit Bureaus is attached.

Proof of Satisfaction of Liens, Judgments and Discharge of Bankruptcy: The CLB is required to verify the financial responsibility of its applicants. You may have to appear before the board regarding problems with your credit history. The Licensing Regulation & Enforcement Department may be able to avoid forwarding your application to the board if you can show that you have satisfied any liens and/or judgments, or if you can show that you are engaged in an active payment plan to repay your creditor(s). **If you appear before the board, they may approve or deny your application, or approve it subject to certain conditions (e.g., probation).**

4. A Letter of Authorization _____

From the Owner/President of the Corporation – Owner/Managing Member of the LLC stating the applicant is legally authorized to conduct business on behalf of the business organization if the applicant is not an owner/officer/member of the business organization he is qualifying.

Upon completion of **Page One**, the applicant will receive a **copy** of the Certificate of Competency Card with the new business name to obtain the documents on Page Two of the Transfer Check List. All documents must have the new business name.

Transfer Checklist

Page 2

5. Brevard County Business Tax Receipt _____
(A copy of your competency card may be required to obtain your Business Tax Receipt)
For more information call 321-255-4453

6. State Registration License _____
For more information call 850-487-1395 or go to their website, www.myfloridalicense.com

✓ **ALL CERTIFICATES OF INSURANCE MUST LIST THE CERTIFICATE HOLDER AS:**

**Brevard County Licensing Regulation & Enforcement
2725 Judge Fran Jamieson Way, Bldg A-105
Viera, FL 32940**

✓ **ALL CERTIFICATES OF INSURANCE MUST BE ORIGINALS**

7. Certificate of Insurance _____
(general/public liability and property damage)

8. Certificate of Insurance for Workmen's Compensation _____
(required if you have employees)

✓ **You may need both #8 and #9**

9. A copy of Workmen's Compensation (WC) Exemption Card(s) _____
(Exemptions only apply to Corporations or LLC's and are available for up to three officers.)
For more information contact Workmen's Compensation at 407-245-0896

AT THE TIME LICENSING REGULATION HAS RECEIVED THE ABOVE LISTED REQUIREMENTS WITH THE NEW BUSINESS NAME, THE ORIGINAL CERTIFICATE OF COMPETENCY CARD WILL BE ISSUED TO THE CONTRACTOR.

It is the license holder's responsibility to renew the Brevard County Certificate of Competency License yearly. Renewal period is August 1 – 31.

If you have any questions or need additional information, please call our office at 321-633-2058 between 8 am and 5 pm Monday through Friday.