

*City of Destin  
Building Division  
4200 Indian Bayou Trail  
Destin, Florida 32541  
(850) 654-1119 Fax (850) 837-7949*

**CONTRACTOR APPLICATION**

Date \_\_\_\_\_

Qualifier's Name \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone: Work \_\_\_\_\_ Fax \_\_\_\_\_

City & State & Zip: \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

Contractor Type \_\_\_\_\_ State License No. \_\_\_\_\_

**\*\*Will need authorization letter for anyone other than the licensed agent to act on his/her behalf.\*\***

Okaloosa County Competency License No. \_\_\_\_\_

(Does not apply to State Certified Contractors)

Please attach: • Certificate of Insurance listing as certificate holder:

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You must have minimum liability limits of:

\$300,000 Bodily Injury, \$50,000 Property Damage

OR

\$300,000 Combined Single Limit

- Certificate of Insurance showing Worker's Compensation coverage or a Worker's Compensation Exemption form.
- Department of Business and Professional Regulation State License.
- Copy of Okaloosa County Competency License (Does not apply to State Certified Contractors).
- Department of Business and Professional Regulation Qualified Business License (If Applicable).

**FIRST-TIME CONTRACTORS SHALL PROVIDE ORIGINAL STATE LICENSE AND DRIVER'S LICENSE OF QUALIFIER.**