

# EPCI

## Contractor Application

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Other Contact: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

### **Please provide and attach:**

- 1) A copy of any state license(s) you have.
- 2) A copy of your identification.
- 3) Certificate of liability insurance. (Liability insurance shall be issued by an insurance company licensed to do business in this state shall name the **City of Port St. Joe** as an additional insured by endorsement and shall provide a ten day notice of cancellation or reduction in coverage to the City of Port St. Joe Building Department at 1002 10th St. Port St. Joe, FL 32456).
- 4) Workers compensation (certificate or exemption).