

RESOLUTION NO. 18-03-19

A RESOLUTION OF THE VILLAGE COUNCIL OF ISLAMORADA, VILLAGE OF ISLANDS, FLORIDA, APPROVING THE FINAL RANKINGS AND RECOMMENDATIONS OF THE ITB 18-04 REVIEW COMMITTEE FOR REPLACEMENT OF THE ENTRANCE SIGN FOR FOUNDERS PARK; AUTHORIZING THE VILLAGE MANAGER TO ACCEPT THE PROPOSAL FOR THE REQUESTED SERVICES; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, on September 10, 2017, Hurricane Irma impacted Islamorada, Village of Islands (the “Village”) and the Florida Keys; and

WHEREAS, the entrance sign at Founders Park within the Village was destroyed by Hurricane Irma; and

WHEREAS, the Village subsequently advertised an Invitation to Bid (“ITB 18-04”) to replace the Entrance Sign for Founders Park from January 12, 2018 through February 5, 2018; and

WHEREAS, the Village Manager created a Review Committee (the “Committee”) to review responsive proposals to ITB 18-04 and make a recommendation to the Village Council for the selection of a contractor; and

WHEREAS, the Committee reviewed the two (2) proposals received; and

WHEREAS, the Committee has recommended the lowest cost proposal (Exhibit “A”) submitted by Eye Catchers Signs for selection; and

WHEREAS, the Village Council desires to approve the rankings and select the recommended firm for engineering, fabrication and installation of the entrance sign at Founders Park; and

WHEREAS, the Village Council has determined that the procurement and utilization of these services is in the best interest of the Village and its residents.

**NOW, THEREFORE, BE IT RESOLVED BY THE VILLAGE COUNCIL OF
ISLAMORADA, VILLAGE OF ISLANDS, FLORIDA, AS FOLLOWS:**

Section 1. **Recitals.** The above recitals are true and correct and incorporated into this Resolution by this reference.

Section 2. **Approval of Ranking.** The Village Council of Islamorada, Village of Islands, hereby approves the Committee's final rankings and recommendations as follows:

1. Eye Catchers Sign-High Density Urethane Proposal
2. Eye Catchers Sign-Red Wood Proposal

Section 3. **Authorization of Village Officials.** The Village Manager and/or his designee are authorized to accept the proposal from Eye Catchers Sign for the replacement of the entrance sign of Founders Park and to take all necessary and expedient action to effectuate performance of the requested services.

Section 4. **Effective Date.** This Resolution shall take effect immediately upon adoption.

Motion to adopt by Vice Mayor Deb Gillis, second by Councilman Jim Mooney.

FINAL VOTE AT ADOPTION

VILLAGE COUNCIL OF ISLAMORADA, VILLAGE OF ISLANDS

Mayor Chris Sante	YES
Vice Mayor Deb Gillis	YES
Councilman Mike Forster	YES
Councilwoman Cheryl Meads	YES
Councilman Jim Mooney	YES

PASSED AND ADOPTED ON THIS 1ST DAY OF MARCH, 2018.

Chris Sante
CHRIS SANTE, MAYOR

ATTEST:

Kelly S. Toth
KELLY TOTH, VILLAGE CLERK

APPROVED AS TO FORM AND LEGALITY
FOR THE USE AND BENEFIT OF ISLAMORADA,
VILLAGE OF ISLANDS ONLY

Roger V. Bryan
ROGET V. BRYAN, VILLAGE ATTORNEY

EXHIBIT A

EXHIBIT C - BID FORM

To: ISLAMORADA, VILLAGE OF ISLANDS
ATTN: VILLAGE CLERK
Administrative Center and Public Safety Headquarters
86800 Overseas Highway
Islamorada, FL 33036

Project Name: ENTRANCE SIGN FOR FOUNDERS PARK located at 87000 Overseas Highway, Islamorada, Florida 33036.

Company: Handstands Plus Inc.
DBA Eye Catchers Signs

Address: 88511 Overseas Hwy #3
Tavernier, FL 33070

Phone #: (305) 852-3333

E-Mail: eyecatcherssigns@aol.com

2.01 Bidder accepts all of the terms and conditions of the Invitation to Bid, including, without limitation, those terms relating to sign specifications. The cost proposal will remain effective for ninety (90) days after the bid opening or for such longer period of time that Bidder may agree to in writing upon request of VILLAGE.

3.01 In submitting this bid, Bidder represents that:

A. Bidder has examined and carefully studied the Invitation to Bid and the data included in the Invitation to Bid. Bidder acknowledges receipt of addenda, as listed below. (None at the time of issuance of Invitation to Bid).

<u>Addendum No.</u>	<u>Addendum Item</u>	<u>Addendum Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Bidder has visited the Project site and become familiar with and is satisfied as to the general, local and site conditions that may affect cost, progress, and performance of the Project.

- C. Bidder is familiar with all federal, state and local laws and regulations that may affect cost, progress and performance of the Project.
- D. The Invitation to Bid is generally sufficient to indicate and convey understanding of all terms and conditions for the performance of the Project for which this bid is submitted.

TOTAL COST PROPOSAL (In Figures – Required)

\$ 32,090.00

TOTAL COST PROPOSAL (In Words/Spelled Out)

thirty two thousand
ninety and 00 /100 Dollars

Thomas Hayes

Signature of Bidder

Print Name: Thomas J Hayes

Date: 1/31/2018

Eye Catchers Signs
88511 Overseas Highway
Tavernier, FL 33070
305-852-3333
305-852-9030 FAX

Estimate

Date	Estimate #
2/13/2018	5031

Name / Address	Job
VILLAGE OF ISLAMORADA 86800 Overseas Highway Islamorada, FL 33036 305-664-6400	MARIA BAGIOTTI maria.bagiotti@islamorada.fl.us

Description	Qty	Rate	Total
FOUNDERS PARK MARQUEE SIGN			
WE FABRICATED AND INSTALLED THIS SIGN PREVIOUSLY WITH HIGH DENSITY URETHANE AND IT LASTED 10+ YEARS			
FOUNDERS PARK ENTRANCE CUSTOM SANDBLASTED SIGN HIGH DENSITY URETHANE	2	9,792.00	19,584.00
INTERCHANGEABLE LETTERS	2	295.00	590.00
CLEAR LEXAN AND FRAME TO COVER 4 SIDES OF 8" INTERCHANGEABLE COPY WITH CUSTOM HINGES	2	1,800.00	3,600.00
PINEAPPLE FINIALS TO BE MOUNTED TO THE TOP OF THE POLES	2	150.00	300.00
SOLAR POWERED LIGHTING ILLUMINATED FROM THE BOTTOM OF THE SIGN		5,320.00	5,320.00
NEW ALUMINUM SIGN POSTS TO BE CONNECTED TO EXISTING GROUND MOUNTED POLES (NOT DAMAGED IN HURRICANE) BY STEEL PLATES & BREAKAWAY BOLTS	2	710.50	1,421.00
USE OF BUCKET TRUCK FOR INSTALLATION W/2 MEN	1	1,200.00	1,200.00
COMPUTER DESIGN AND SET UP \$75/HOUR ANY ADDITIONAL TIME WILL BE CHARGED AT THIS RATE	1	75.00	75.00
PERMIT PREPARATION AND PROCESSING IF NEEDED \$600			

50% DEPOSIT DUE AT SIGNING, BALANCE AND PERMIT COST DUE UPON COMPLETION.
Permits and engineering are additional if required. All signs are the property of Eye Catchers Signs until paid in full. All materials are to be used as specified. All work to be completed in a professional manner in accordance with accepted industry standards. Any alterations or deviations from the specifications above involving additional cost will be done only upon written order and will become an additional cost over and above the price stated.
This agreement is contingent upon strikes, accidents or delays beyond our control. Eye Catchers Signs reserves the right to remove any and all signs and related materials from premises if payment is not made in full according to terms set forth in this agreement. Owner may carry fire, hurricane, tornado and other necessary insurance.
5% PER MONTH WILL BE CHARGED ON ALL UNPAID BALANCES.

Subtotal	\$32,090.00
Sales Tax (7.5%)	\$0.00
Total	\$32,090.00



HANDS-1

OP ID: ZB

DATE (MM/DD/YYYY)
01/17/2018

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The John Galt Insurance Agency 6300 NW 5th Way, Suite 100 Ft. Lauderdale, FL 33309 Graham Troyer	954-440-2800	CONTACT NAME: Graham Troyer PHONE (A/C, No. Ext): 954-440-2800 FAX (A/C, No.): 954-440-2833 E-MAIL: ADDRESS:
		INSURER(S) AFFORDING COVERAGE INSURER A: Kinsale Insurance Company
INSURED Handstands Plus Inc Eye Catcher Signs 88511 Overseas Highway #3 Tavernier, FL 33070	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAC #

COVERAGEs

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	0100046771-1	01/21/2018	01/21/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/QD AGG \$ 2,000,000 OTHER \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR CLAIMS-MADE					
DED <input type="checkbox"/> RETENTION \$	EACH OCCURRENCE \$ AGGREGATE \$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	PER STATUTE <input type="checkbox"/> OTH- ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Islamorada, Village of the Islands 86800 Overseas Hwy Islamorada, FL 33036	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE <i>James D. Rudd</i>	



138428

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/23/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER

Commercial Lines - (813) 639-3000

USI Insurance Services National, Inc.
2502 N. Rocky Point Drive, Suite 400
Tampa, FL 33807

INSURED

AlphaStaff Group Inc Labor Contractor for leased workers to:
Handstands Plus, Inc. #101896
800 Corporate Drive Suite 600
Fort Lauderdale FL 33334

CONTACT NAME: Certificate Request

PHONE (A/C. No. Ext): 813-639-3000 FAX (A/C. No.):

E-MAIL ADDRESS: certificaterequest@alphastaff.com

INSURER(S) AFFORDING COVERAGE NAIC

INSURER A: Wesco Insurance Company 25011

INSURER B: Technology Insurance Company 42376

INSURER C: NAIC

INSURER D: NAIC

INSURER E: NAIC

INSURER F: NAIC

COVERAGES

CERTIFICATE NUMBER: 12626394

REVISION NUMBER: See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L LBLR (INSR) WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ex-Occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GENL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	OTHER:					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ex-accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	Hired AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	OCCUR				\$
	EXCESS LIAB	CLAIMS-MADE				EACH OCCURRENCE \$
	DED <input type="checkbox"/> RETENTION \$					AGGREGATE \$
						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	WWC3289204 (FL)	7/1/2017	7/1/2018	X PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N <input type="checkbox"/> M/A	TWC3646080 (AOS)	7/1/2017	7/1/2018	E/L EACH ACCIDENT \$ 1,000,000
						E/L DISEASE - EA EMPLOYEE \$ 1,000,000
						E/L DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is extended to the leased employees of alternate employer in all states except in monopolistic states (ND, OH, WA, WY) and other states (AK,):

CERTIFICATE HOLDER

CANCELLATION

Islamorada Village of the Islands
86800 Overseas Hwy
Islamorada FL 33036

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/23/2018

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PRODUCER	BERNIE CARR STATE FARM 12600 SW 120TH STREET MIAMI, FL 33186	CONTACT NAME: BERNIE CARR PHONE: (305) 233-6101 FAX: (305) 233-6841 E-MAIL: [REDACTED] ADDRESS: [REDACTED]
INSURED	HANDSTANDS PLUS 88511 OVERSEAS HWY TAVERNIER FL 33070-2082	INSURER(B) AFFORDING COVERAGE INSURER A: STATE FARM MUTUAL AUTOMOBILE INSURANCE CO NAIC # 28178 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDBSBW (INSR W/CD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/PROP AGG \$ \$
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION <input type="checkbox"/>	Y	D33 0703-A07-59A	01/07/2018	07/07/2018	COMBINED SINGLE LIMIT (Ex. (a) (i) (d)) \$ BODILY INJURY (Per person) \$ 300,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per occurrence) \$ 250,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> V/N OFFICEMEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU- TORY LIMITS \$ OTHR- ER EL. EACH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					
14 FORD F150 PICKUP VIN: 1FTFW1CT8EKF69811						

CERTIFICATE HOLDER	CANCELLATION
Islamorada, Village of the Islands 86800 Overseas Hwy Islamorada, FL 33036	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE 	

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2017 / 2018
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2018

RECEIPT# 30140-88789
 Business Name: NATIVE CONSTRUCTION CONTRACTING
 INC
 Owner Name: BRET EKBLOM
 Mailing Address: 100 WRENN ST
 TAVERNIER, FL 33070
 Business Location: 100 WRENN ST
 TAVERNIER, FL 33070
 Business Phone: 305-852-3116
 Business Type: CONTRACTOR (GENERAL CONTRACTOR)

Employees 11

STATE LICENSE: CGC1506439

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
35.00	0.00	35.00	0.00	0.00	0.00	35.00

Paid 000-16-00020342 07/12/2017 35.00

THIS BECOMES A TAX RECEIPT
 WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
 PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX.
 YOU MUST MEET ALL
 COUNTY AND/OR
 MUNICIPALITY PLANNING
 AND ZONING REQUIREMENTS.

MONROE COUNTY BUSINESS TAX RECEIPT
 P.O. Box 1129, Key West, FL 33041-1129
EXPIRES SEPTEMBER 30, 2018

Business Name: NATIVE CONSTRUCTION CONTRACTING
 INC
 Owner Name: BRET EKBLOM
 Mailing Address: 100 WRENN ST
 TAVERNIER, FL 33070
 Business Location: 100 WRENN ST
 TAVERNIER, FL 33070
 Business Phone: 305-852-3116
 Business Type: CONTRACTOR (GENERAL CONTRACTOR)

Employees 11

STATE LICENSE: CGC1506439

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
35.00	0.00	35.00	0.00	0.00	0.00	35.00

Paid 000-16-00020342 07/12/2017 35.00

Print all related licenses.**Licensee**

Name:	EKBLOM, BRETT PETER	License Number:	1506439
Rank:	Certified General Contractor	License Expiration Date:	08/31/2018
Primary Status:	Current	Original License Date:	11/20/2003
Secondary Status:	Active		

Related License Information

License Number	Status	Related Party	Relationship Type	Relation Effective Date	Rank	Expiration Date
		Current NATIVE CONSTRUCTION CONTRACTING INC	Primary Qualifying Agent for Business	11/20/2003	Construction Business Information	