

2:03:19 PM 11/7/2015

Licensee Details**Licensee Information**

Name: **WELLER, EDWARD M (Primary Name)**
AMCON GROUP, INC. (DBA Name)

Main Address: **P O BOX 430097**
MIAMI Florida 33143

County: **DADE**

License Mailing:

LicenseLocation: **9800 SW 92 AVE**
MIAMI FL 33176

County: **DADE**

License Information

License Type: **Certified General Contractor**

Rank: **Cert General**

License Number: **CGC1522000**

Status: **Current,Active**

Licensure Date: **01/21/2014**

Expires: **08/31/2016**

Special Qualifications **Qualification Effective**

Construction Business **01/21/2014**

Alternate Names**[View Related License Information](#)****[View License Complaint](#)**

[1240 North Monroe Street, Tallahassee, FL 32309](#) :: Email: **[Customer Contact Center](#)** :: Customer Contact Center: 850.437.1395

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Contractor number . . . : 1389

Type information, press Enter.

Name AMCON GROUP INC

Address line 1 EDWARD WELLER, QUALIFIER

Address line 2 POB 430097

Address line 3

Zip code (F4) 33143

MIAMI

FL

Phone 305 5981112

Status A

A=Active, I=Inactive, H=Hold

Contractor type (F4) . . . CGC

CERTIFIED GENERAL

Email address

Contractor Requirements**Document Number****Expiration Date**

WORKERS COMP INSURANCE

WC71949

R

10116

R

GENERAL LIABILITY INSURANCE

CPS2151349

R

12216

R

STATE LICENSE

CGC1522000

R

83116

R

CITY REGISTRATION EXPIRATION

30 DAYS

R

120415

R

WORKER'S COMP EXEMPTION

NONE

R

123120

R

F3=Exit F4=Prompt F5=Zip code maintenance F12=Cancel