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

BP150U02 **CITY OF KEY WEST** 11/07/15
Contractor File Changes 13:51:13

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		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