OKALOOSA ISLAND AND HOLIDAY ISLE LEASEHOLD CONVERSION

APPLICATION FOR QUIT CLAIM DEED

The undersigned applicant(s) do hereby apply to the Board of County Commissioners of Okaloosa County, Florida, for a quit claim deed as to the County's reversionary interest in the following-described Okaloosa Island or Holiday Isle Leasehold Parcel(s) to which applicant represents that the applicant owns the entire (100%) interest.

1. Please provide the names, addresses, telephone numbers and email addresses of all persons who currently own an interest in the Leasehold Parcel which is the subject of this Application.

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Email: _____

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Email: _____

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Email: _____

2. Please provide the mailing address of the Leasehold Parcel that is the subject of this Application:

Mailing Address: _____

_____

_____

3. Please provide the Property Tax Parcel I.D. Number for the Leasehold Parcel that is the subject of this Application

Property Tax I.D. Number: _____

4. Please provide the following materials in support of this Application (all documents must be submitted along with the Application):

    A. A copy of the current lease assignment for the Leasehold Parcel that is the subject of this Application.

    B. A certification from the Tax Collector of Okaloosa County demonstrating that all taxes and assessments on the Leasehold Parcel have been paid for the past five (5) years through the date of this Application.

    C. An Owners and Encumbrance Report or a Property Information Report as contemplated by Chapter 197, Florida Statutes from a Title Company authorized to do business in the State of Florida demonstrating that the Applicant(s) hold one hundred percent (100%) interest in the Leasehold Parcel that is the subject of this Application.

    D. A non-refundable application fee of $500.00 payable to Okaloosa County. Such fee shall be for the costs of preparing and processing of the various documentation, administrative costs related to the submittal and consideration by staff and the Board of County Commissioners, preparation and publication of the required legal notices, preparation of the resolution approving the transfer and the quit claim deed and the recording of the quit claim deed.

5. Special Limitations:

    A. A separate Application is required for each Leasehold Parcel that a quit claim deed, as to the County's reversionary interest, is sought.

    B. No Application for a quit claim deed as to the County's reversionary interest will be accepted from Leaseholders whose original lease from the Okaloosa Island Authority or Okaloosa County does not contain an option for further renewals.

C. No Application will be submitted to the Board of County Commissioners if the Title Company does not certify that the Applicant owns the entire (100%) Leasehold Interest in the Leasehold Parcel which is the subject of the Application.

D. All Leaseholders named in the current lease assignment of record must sign the Application.

THE NON-REFUNDABLE APPLICATION FEE DOES NOT COVER THE COST OF ANY TITLE SEARCH AND EXAMINATION, THE PREPARATION OF THE OWNERS AND ENCUMBRANCE REPORT OR PROERTY INFORMATION REPORT, AND THE CERTIFICATION FROM THE TAX COLLECTOR OF OKALOOSA COUNTY. SUCH EXPENSES ARE THE SOLE RESPONSIBILITY OF THE APPLICANT[S].

APPLICANT UNDERSTANDS THAT THE COUNTY, IN ISSUING ANY QUIT CLAIM DEED TO THE APPLICANT, MAKES NO WARRANTY OF TITLE WHATSOEVER REGARDING THE PROPERTY, EITHER EXPRESS OR IMPLIED, AND MAKES NO REPRESENTATION OF FACTS CONCERNING THE CONDITION OF TITLE.

Return the completed application to Zan Fedorak, Okaloosa County Public Works, 1759 South Ferdon Blvd., Crestview, Florida, 32536. For any questions please call 850-423-4897 or email at zfedorak@myokaloosa.com.

APPLICATION DATE: _____

INDIVIDUAL:

_____

INDIVIDUAL LEASEHOLDER

_____

PRINT NAME

_____

INDIVIDUAL LEASEHOLDER

_____

PRINT NAME

CORPORATE NAME:

_____

By: _____

_____

PRINT NAME

TITLE: _____

FEDERAL TAX ID#: _____

PARTNESHIP NAME:

_____

GENERAL PARTNER

_____

PRINT NAME

FEDERAL TAX ID#: _____