



LICENSE # _____

**MORGAN COUNTY
PLANNING, ZONING & BUILDING DEPT.**

231 Ensign St., P.O. Box 596
Fort Morgan, Colorado 80701
Phone: (970) 542-3526 email: sshields@co.morgan.co.us

CONTRACT OR LICENSING APPLICATION

Annual License Fee \$25.00

Company Information

_____			(____)	_____
Business Name				Office Phone
_____			(____)	_____
Address				Fax Number
_____	_____	_____	(____)	_____
City	State	Zip Code		Cellular Phone
E-mail _____				
<input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC or LLP <input type="checkbox"/> Corporation				

Owner Information

_____			Title: _____
Name of: Owner; Registered Agent for Corporation; Manager; or General Partner			
Home Address _____			
_____	_____	_____	
City	State	Zip Code	

I hereby certify that the statements made by myself and constituting a part of this Application are true and correct to the best of my knowledge.

Applicant Signature

Print Name

Date

[License will expire on the same date as liability insurance. Renewal notices and Contractor's License will be sent via e-mail when possible.]

No testing was conducted for issuance of this license.

A list of licensed contractors will be made available to the public upon request.

Please complete page 2

LICENSE # _____

Business Name: _____ Phone #: _____

Address: _____
Email _____

Services Contractor Provides:

- | | | |
|-------------------------|-------------------------------------|-----------------------|
| ____ Carpentry | ____ Fire Sprinkler Installation | ____ Painting |
| ____ Concrete | ____ Franchise Utility Installation | ____ Plumbing |
| ____ Drywall | ____ General | ____ Roof Coating |
| ____ EIFS | ____ Grading / Excavation | ____ Roofing |
| ____ Electrical | ____ HVAC | ____ Siding |
| ____ Fence | ____ Manufactured Home Installation | ____ Sign Install |
| ____ Fire Alarm Install | ____ Masonry / Stucco | ____ Structural Steel |

Other _____

Attach the following documentation upon returning this application:

- Certificate of liability insurance – Morgan County Building Department as Certificate Holder
- Fee waiver: include proof of license or registration from another Colorado jurisdiction
- Copy of current State Manufactured Home Installer License, if applicable

OFFICE USE ONLY

Fee Payment: _____ **Ck/CC #** _____ **By** _____

Date Application Received: _____ **Received By** _____

Name of Insurance Carrier: _____

Renewal Sent	Insurance Cert Received	Carrier Chg	Date Fee Paid	License from Other Jurisdiction: Expiration Date	Certificate Sent	Meritage	Update List
<i>New</i>		---					