

CONTRACTOR LICENSE APPLICATION

COMPANY INFORMATION

OWNER INFORMATION

Business Name	Name	
Mailing Address	Title: Owner, Registered Agent for Corporation, Manager	etc
City, State, Zip Code	Home Address	
Email	City, State, Zip Code	
() () Office Phone Fax Number		
() Office Cellular Phone		
SERVICES PROVIDED BY CONTRACTOR:		
CarpentryFranchise UtiliConcreteGeneralDrywallGrading/ExcavEIFSHVACElectricalManufacturedFenceMasonry/StuccFire Alarm InstallPaintingFire Sprinkler InstallationPlumbing	CationRoofingvationShed/Accessory StructuSidingSign Install	res

Certificate of Liability Insurance - naming Morgan County Building Department as Certificate Holder

• This must come directly from the Insurance Company

□\$50 **annual** Application /Renewal Fee *OR* Fee Waiver

□Fee Waiver(optional) Copy of current Contractor's License or registration from another Colorado jurisdiction

Copy of current state manufactured home installer License *If applicable*

IMPORTANT NOTES:

- License will expire on the SAME date as the general liability insurance
- Renewal notices and contractor's Licenses will be sent when possible, and will be sent via e-mail only.
- A list of licensed contractors will be made available to the public upon request.
- It is the responsibility of the Contractor to verify contact info is correct each year at renewal.
- No testing is conducted for issuance of this license

Applicant Signature

Print Name

Date

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.

				LICENSE #				
Business Name:			Phone #:					
E-mail:			*It is the responsibility of Contractor to verify contact info each year at renewal.					
Services	Contractor 1	Provid	les:					
Carpentry			Fire Spi	F	Painting			
Concrete		_	Franchi	F	Plumbing			
Dr	Drywall		General			Roof Coating		
	EIFS		Grading / Excavation			Roofing		
	Electrical		HVACSiding					
	Fence		Manufactured Home Installation Sign Install					
Fir	e Alarm Instal	ll _	Masonr	y / Stucco	S	lolar		
Str	Structural Steel		Shed/Accessory Structures Other					
Fee Payme				C # By_				
					Received By			
Name of In	isurance Cari	rier:						
Renewal Sent	Insurance Cert Received	Canier Chg	Date Fee Paid	License from Other Jurisdiction: Expiration Date	Certificate Sent	Meritage	Update Lis	
New								
							1	
		+						
					1			