



323 FIFTH STREET • P.O. BOX 435 • FREDERICK, CO 80530-0435

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[WWW.FREDERICKCO.GOV](http://WWW.FREDERICKCO.GOV)

**CONTRACTOR'S LICENSE APPLICATION**

1. Type of Ownership: Please supply the Town with a copy of your Certificate of Good Standing or if you are a Sole Proprietor or Partnership, please complete and return the attached Lawful Presence Affidavit.
- 2.
3. Owner Name: \_\_\_\_\_
4. Address: \_\_\_\_\_
5. Name of Business: \_\_\_\_\_
6. Location of Business: \_\_\_\_\_  
Street Address City, State Zip Code
7. Mailing Address: \_\_\_\_\_  
Street Address City, State Zip Code
8. Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
9. What is your Main Business? \_\_\_\_\_
10. Business: Class A (General) \_\_\_\_\_; Class B(1)E (Electrical) \_\_\_\_\_;  
 Class B(1)P (Plumbing) \_\_\_\_\_; Class B(2) (HVAC); \_\_\_\_\_  
 Class C Irrigation/roof/siding/drywall/paver/painter) \_\_\_\_\_;  
 Class D(1) (Mason/fence/excavation) \_\_\_\_\_; Class D(2) (Signs/glaziers) \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Please attach a copy of your certificate of Insurance – Coverage: Public Liability \$100,000 occurrence, \$300,000 aggregate; Auto Liability \$100,000 each person, \$300,000 each accident; Workers Compensation – in accordance with State laws.

Insurance Company: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

I declare under penalty of perjury in the second degree that the statements made in this questionnaire are true and complete to the best of my knowledge.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

For Office Use Only:

License Classification: \_\_\_\_\_ Fee: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

**Built on What Matters.**

[Recipient Name]

[Date]

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