



401 Locust Street • P.O. Box 435 • Frederick, CO 80530-0435

Phone: (720) 382-5500 • Fax: (720) 382-5520

[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.

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: \_\_\_\_\_

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For Office Use Only:

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

**Built on What Matters .**



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**LAWFUL PRESENCE AFFIDAVIT**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

\_\_\_\_\_ I am a United States citizen, or

\_\_\_\_\_ I am a Permanent Resident of the United States, or

\_\_\_\_\_ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Section 6-37 Contractor Licensing

- Class A - General Contractor (annual fee) \$80.00
- Class B(1) - Limited Contractor - Master Plumber (annual fee) \$30.00
- Class B(2) - Limited Contractor - Heating & Ventilation (annual fee) \$60.00
- Class C - Special Contractor (annual fee) \$30.00
- Class D(1) - Tradesman (annual fee) \$30.00
- Class D(2) Signs/Glaziers (annual fee) \$25.00

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