



Contractor's License Registration

(LICENCE EXIRES DECEMBER 31ST OF EVERY YEAR)

304 CENTRAL AVE - WIGGINS, CO 80654 - PH: 970.483.6161 - FAX: 970.483.7364 - TOWNOFWIGGINS.COLORADO.GOV - INFO@WIGGINSCO.COM

Office Use Only: Contractor #:	Items Submitted: <input type="checkbox"/> Application <input type="checkbox"/> Driver's License <input type="checkbox"/> Certificate of Liability Insurance	<input type="checkbox"/> State of Colorado Master's License
-----------------------------------	---	---

Today's Date:	Type of License: <input type="checkbox"/> General (\$25 fee) <input type="checkbox"/> Plumbing or Electrical (no fee)
---------------	---

LICENSE DOCUMENTS MUST BE SUBMITTED BY FAX, EMAIL, MAIL, OR BROUGHT IN TO TOWN HALL.

COMPANY INFORMATION

Company Name:		Owner Name:	
DBA: <input type="checkbox"/> Same as above			
Physical Address:		City:	State/Zip:
Mailing Address: <input type="checkbox"/> Same as above		City:	State/Zip:
Company Phone:		Company Website	
Contact Name: <input type="checkbox"/> Same as above		Contact Email:	
Contact Phone: <input type="checkbox"/> Same as above			
Business Type: Please ✓ One	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
	<input type="checkbox"/> LLC	Number of Employees: <i>(Including yourself)</i>	

License Information

State Contractor License #:	Expiration Date:
State Masters License #:	Master Exp Date:
Driver's License #:	Driver's License Exp:
General Liability Policy #:	GL Exp Date:

Have you ever been licensed with the Town of Wiggins? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had a license revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:

Submission Requirements – *The Town of Wiggins Ordinance 06-2015 requires the following for the issuance of a Contractor's License.*

- Proof of property and liability in the minimum amount of \$250,000 per person, \$500,000 aggregate, and \$125,000 for property damage (a one-million-dollar liability / property insurance is required if contractor will be doing work on Town property or its right-of-ways / utilities.)
- State Contractor's license and State Master's license numbers (if applicable)

AFFIRMATION STATEMENT / SIGNATURE: *Please INITIAL each box affirming that you have read and understand each statement.*

<input type="checkbox"/>	Applicable site-specific permits must be issued prior to commencement of any work.
<input type="checkbox"/>	Construction must be completed in accordance with approved plans and the Town's regulations.
<input type="checkbox"/>	All applicable inspections related to any site-specific permit must be scheduled with the Town of Wiggins inspector.
<input type="checkbox"/>	Building plans (if applicable), permits, and inspection records must be accessible on the job sites.
<input type="checkbox"/>	Job site sanitary facilities and safety measures to protect workers and the general public must be adequate.
<input type="checkbox"/>	Proper supervision of all subcontractors and employees will be provided.

<input checked="" type="checkbox"/>	Any changes affecting this license will be reported to the Town of Wiggins immediately.
<input checked="" type="checkbox"/>	False or misleading statements on this application are grounds for disapproval or revocation of this license.
<input checked="" type="checkbox"/>	The content of this application is true to the best of my knowledge and belief.

By my signature affixed hereto, I certify that I have read and examined this application and know the same to be true and correct. I understand that the granting of a Contractor's License does not presume to give authority to violate or cancel any provisions of any state or local laws regulating construction, trade work, or the performance of construction.

X

Signature of Applicant

Date

X

Signature of Owner (if not the applicant)

Date