Town of La Jara, CO

(719) 274-5363 (719) 274-5986 fax P.O. Box 273 La Jara, CO 81140 License No. 20 -

Application for Contractor's License

Applicant Information:

Name:	Street Number:	
Phone#:	Street Name:	
Phone/Fax:	City/State:	
Email:	Zip code:	
Contractor:		
Do You Currently Possess a Colorado State	State Lic. #	Exp. Date:
Contractor's License?		
Do you currently possess a contractor's license issued	Lic.#	Exp. Date:
by another municipality or county in Colorado?		
How long have you been engaged in the occupation of	Applicant's Federal I.D. or SSN:	
contractor?		
Trade in Which Applicant Intends to Engage:		

Do You Regularly Employ Individuals?

If So, How Many Employees Do You Have?

Do You, the Applicant, Carry and Intend to Continue Carrying in Full Force at All Times State-Mandated Workmen's Compensation and Liability Insurance Coverage? (proof of insurance required)

Name of Carrier:

Policy Number:

Date of Issuance:

Expiration Date:

Are you required to pay state and/or federal unemployment compensation tax?

The Undersigned hereby applies for a contractor's license, and further certifies that the undersigned has read the foregoing application and knows the contents thereof, and that every statement contained therein is true and correctly set forth, and that the undersigned, individually, or on behalf of the partnership or corporation, as the case may be, agrees, as a condition precedent to the issuance of a license applied for, that the same may be revoked, cancelled, temporarily suspended, or withdrawn by the Town of La Jara for cause, and that the license may be revoked at any time for any violation of any Town Ordinance, including, but not limited to failure to obtain, on a work-to-work project basis, a building permit if one is required pursuant to applicable Town rule, regulation or ordinances, or of any other Town Ordinance, or of any other legally-adopted rule, regulation, ordinance or statute of any federal, state, county or local agency having concurrent jurisdiction.

Date

Signature

Applicant	Fee \$25.00
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Date

Paid:

Town Clerk

(Corporate Seal; If Applicable)

Please Provide Three Trade References:

1.	Name:
	Company Name:
	Address:
	Phone/Fax:
	Email:
2.	Name:
	Company Name:
	Address:
	Phone/Fax:
	Email:
3.	Name:
	Company Name:
	Address:
	Phone/Fax:
	Email:
Additi	onal Information:

Approved_

Denied_

Date

La Jara Town Manager