

TOWN OF COLUMBINE VALLEY

#2 Middlefield Road
Columbine Valley, CO 80123
(303) 795-1434
(303) 795-7325 Fax

CONTRACTOR'S LICENSE APPLICATION

DATE _____

TYPE OF LICENSE REQUESTED _____

NAME OF APPLICANT _____

COMPANY NAME _____

ADDRESS OF COMPANY _____

PHONE: BUSINESS _____

CELL/PAGER _____

You must provide proof of Workman's Compensation Insurance and Liability Insurance naming the Town of Columbine Valley as an additional insured (ACORD certificate) in the amount of \$500,000 single occurrence minimum for Class A & B or \$300,000 single occurrence of all others for the full term of the license or sign the statement below.

I HAVE NO EMPLOYEES _____
(Signature)

NAME OF INSURANCE CARRIER _____ (Liability)

NAME OF INSURANCE CARRIER _____ (Worker's Comp)

LIST NAMES OF PERSONNEL AUTHORIZED TO OBTAIN PERMITS UNDER THIS LICENSE:

1. _____ 2. _____

3. _____ 4. _____

LIST ALL OTHER CITIES WHERE YOU ARE LICENSED TO WORK:

1 _____ 2. _____ 3. _____

4. _____ 5. _____

