

**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 a Certificate Holder (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 MAIN SUBCONTRACTOR'S WORKING UNDER THIS LICENSE:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

LIST OTHER CITIES WHERE YOU ARE LICENSED TO WORK:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_