

**Application Information**

Business Name: \_\_\_\_\_  
 DBA (if different from above): \_\_\_\_\_  
 Business Owner's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Taxpayer ID # (FEIN or SSN): \_\_\_\_\_  Corp  Partnership  Proprietorship  LLC  Prof. Assn.  
 Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Colorado Sales/Use Tax #: \_\_\_\_\_

**Licensing Information**

1. Type of License Applying For [see Contractor's Business License Classification and Fee Schedule for specific class] List all classes applicable: \_\_\_\_\_
2. Contractor licenses and respective city(s) and license number(s) currently held:
  - (1) CITY: \_\_\_\_\_ LICENSE TYPE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_
  - (2) CITY: \_\_\_\_\_ LICENSE TYPE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_
  - (3) CITY: \_\_\_\_\_ LICENSE TYPE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

**Testing Information**

1. List company personnel having passed written contractor examinations and locations [attach copy of credentials]:
  - (1) \_\_\_\_\_
  - (2) \_\_\_\_\_
2. City of Centennial Testing Information:
  - License Class Test Covered: \_\_\_\_\_ Date Taken: \_\_\_\_\_ Grade: \_\_\_\_\_
  - Version of Code: \_\_\_\_\_ Comments: \_\_\_\_\_

**Credentials**

1. List and describe any additional education, experience or training you have in the area(s) in which you are applying for a contractor license:
  - (1) \_\_\_\_\_
  - (2) \_\_\_\_\_
  - (3) \_\_\_\_\_

# Contractor License Application

2. List three (3) references from recently completed jobs:

**JOBSITE ADDRESS:**                      **TYPE OF WORK: REFERENCE NAME & CONTACT INFORMATION (ADDRESS/PHONE NO.):**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

3. Have you or has your firm ever had a contractor license revoked or suspended? (Check One)  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

All Contractor License Applications will be approved or denied within five (5) business days of receipt of a completed application with all the necessary attachments and application fee.

**The following must be submitted with your application:**

- \$5.00 Non-refundable application fee (per license – *excluding electrical contractors*)
- Annual license fee for Class of License (see fee schedule)
- Signed Lawfully Present Affidavit (sole proprietors only)
- Copies of Current State and/or Master Licenses (if applicable)
- Proof of testing (if applicable)
- Current certificate of general liability insurance naming the City of Centennial as certificate holder
- Proof of current worker’s compensation insurance naming the City of Centennial as certificate holder or contractor waiver for worker’s compensation insurance
- Any additional information required by the City or you want us to consider, i.e., a resume, additional education and/or training experience, references and letters of recommendation, etc.

**\*\* Applications will not be accepted or approved unless completed in full. No permits will be issued until a license has been issued or registration has been filed with the City.**

Name of person applying for credential(s) {Please Print}: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only				
Centennial Business No:	Business License No:			
Payment Information (Circle One):	Cash	Check	Credit Card	Other
Check or Authorization No:	Total Amount Remitted (\$):			
\$5 Application Fee Received:	Yes	No	Date:	Staff Initials:
License Fee Received (\$):	Yes	No	Date:	Staff Initials:
\$25.00 Testing Fee Received:	Yes	No	Date:	Staff Initials:
Authorized Signature:				Date: