



CONTRACTOR LICENSE APPLICATION

PLEASE PRINT AND FILL OUT BOTH SIDES

*Business Name: _____

Business Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Business Phone: _____ Business Fax: _____ Email: _____

Emergency Contact: _____ Phone: _____

Name of Owner: _____ Birthdate: _____

Owner Address: _____ Phone: _____

Name of Manager: _____ Phone: _____

Manager Address: _____

Business Attorney Name (optional): _____

Attorney Address: _____

Type of Business: _____

*If a corporation, the names, addresses, and dates of birth of the president, vice president, treasurer, secretary and majority shareholders; if a partnership, the names, addresses and dates of birth of a minimum of four (4) principal partners. Please attach a separate sheet with information.

Please include a list of the residence of the applicant during the past five (5) years, if an individual; if a partnership, such addresses for a minimum of four (4) principal partners.

Will the business use or store any significant amounts of flammable, toxic or corrosive substance? Yes ____ No ____
If yes, attach a separate page explaining the details.

Have you ever been denied or revoked a license to conduct any business? Yes ____ No ____
If yes, attach a separate page explaining the details.

Have you been arrested and/or convicted within the last five years for a misdemeanor or felony? Yes ____ No ____ If yes, attach a separate page explaining the details.

I hereby acknowledge and affirm that I will operate my business in compliance with all applicable local, state and federal laws, and understand that my business must not violate the Town of Milliken zoning regulations. I acknowledge that I must apply for and receive a building permit prior to commencing any work within the Town Limits of Milliken. I also understand that if I, or any agent of my company, fail to abide by the regulations of the Town of Milliken it could result in my receiving a summons and/or the revocation of my contractor's license. I also acknowledge that the Town of Milliken will conduct a Colorado Bureau of Investigation Background Check prior to approval of license.

I further acknowledge that in accordance with Colorado HB 06S-1009 that myself and all of my employees are lawfully present in the United States of America.

Applicant Signature

Date

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Type of License (must check one). Proof of insurance is required when submitting application.

- Class I License - \$100 Fee + \$500,000 Liability Insurance
Entitles the licensee to perform any work for which a building permit is required, except electrical, plumbing, mechanical, and fire extinguishing work, on any building or structure.
Necessary for All Commercial/Industrial/Multi-Family Construction.
- Class II License - \$75 Fee + \$300,000 Liability Insurance
Entitles the licensee to perform any work for which a building permit is required on any type of residential building which contains fewer than twelve dwelling units and is less than three stories above grade, except electrical, plumbing, mechanical and fire extinguishing work.
Necessary Residential Construction, including new, remodels and additions.
- Specialty License - \$50 Fee + \$100,000 Liability Insurance
Entitles the licensee to perform only the type or types of work described below:

Roof Coverings	Swimming Pools
Signs	Fire and Burglar Alarms
Fire Protection	Siding
Manufactured Home Installer	
- Plumbing/Mechanical License - \$50 Fee + \$100,000 Liability Insurance
Submit a copy of your state license. License # _____ Exp. _____
- Electrical Registration - No Fee + \$100,000 Liability Insurance
Submit a copy of your state license. License # _____ Exp. _____
Attach a copy of your certificate of general liability insurance. All licenses are valid for one (1) year from date of issuance.

United States Citizenship Affidavit
Please provide a copy of your drivers license when submitting application
Pursuant to section 24-76.5-103(4)(b), C.R.S.
I swear or affirm under penalty of perjury under the laws of the State of Colorado that I am
(check one of the following)

- _____ A United States citizen; or
- _____ A legal Permanent Resident of the United States; or
- _____ Otherwise lawfully present in the United States pursuant to federal law.

I further swear I will employ only building contractors and workers who have demonstrated to the company a lawful presence in United States.

I understand that this sworn statement is required by law because I have applied for a public benefits defined by law. I understand that state law requires me to provide proof that I am lawfully presenting the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offence each time a public benefit is fraudulently received. If I checked the second or third option above, I understand that my lawful presence in the United States will be verified through the Federal Systematic Alien Verification of Entitlement Program (SAVE Program).

Signature _____
Date

FOR OFFICE USE ONLY

SAFEbuilt Data Base: Staff Initials/Date: _____ / _____ License #: _____

Date Paid: _____ License Expires: _____ CBI Background Check: _____

Insurance Provided: YES NO Insurance Provider: _____ Expiration: _____

Copy of Identification: _____