

C i t y o f
S H E R I D A N

“ B u i l d i n g o n T r a d i t i o n i n t o t h e F u t u r e ”

**Application for a
CONTRACTOR LICENSE**

\$100.00 REVIEW FEE IS NON-REFUNDABLE

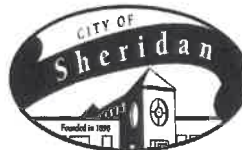
OFFICE USE ONLY:

ANNUAL LICENSE FEES RECEIVED: TOTAL PAID \$ _____

PERMIT NUMBER # _____

APPROVED BY: _____	DATE: _____
APPROVED: _____	DENIED: _____

CONTRACTOR LICENSE# _____
TYPE OF LICENSE: _____ _____



POSTMARK DATE: _____
COMMENTS: _____ _____

**APPLICANT COMPLETE FORM
STARTING HERE:**

Please print neatly. Incomplete and/or illegible applications
will be returned to the applicant.

Business Information:

COMPANY NAME: _____

DOING BUSINESS AS: _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

MAILING ADDRESS (If different): _____

Business Phone #

Business Fax #

Business Type:

- SOLE PROPRIETOR**
- PARTNERSHIP**
- CORPORATION**
- LLC**

IF YOUR COMPANY IS NOT A CORPORATION YOU MUST SIGN A

“LAWFUL PRESENCE AFFIDAVIT”

AND PROVIDE A COPY OF YOUR DRIVERS LICENSE OR LEGAL ID

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BUSINESS OWNER INFORMATION:

NAME of OWNER: _____

HOME ADDRESS: _____

HOME PHONE: _____

LICENSING INFORMATION:

Contractor licenses and respective city(s) and license numbers(s) currently held:

Have you or your firm ever had a contractor license revoked or suspended? _____ Yes _____ No

If yes, please provide details:

BUSINESS DESCRIPTION INFORMATION:

What is the type of business to be licensed?

List all dba's that will be used under this license: _____

Please provide a brief description of the business services:

INSURANCE INFORMATION:

Name of Insurance provider for General Liability and or Work comp:

Phone Number & Address of Insurance:

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EMERGENCY CONTACT:

Name of first emergency contact: _____
Home address of emergency contact: _____
All phone and fax numbers of emergency contact: _____

Name of second emergency contact: _____
Home address of emergency contact: _____
All phone and fax numbers of emergency contact: _____

THE FOLLOWING MUST BE ATTACHED TO YOUR APPLICATION PRIOR TO APPROVAL OF YOUR APPLICATION:

- Applicants for Class A, B, C, D-Mechanical-Ventilation-AC (HVAC), and Concrete Form Licenses** must demonstrate competence through passage of an examination administered by the ICC or submittal of proof of current registration or license of the same or equivalent license classification, from a governmental entity that requires ICC testing as part of its registration or licensing process.
- CERTIFICATE OF GENERAL LIABILITY INSURANCE** with the CITY OF SHERIDAN listed as a Certificate Holder.
- WORKER'S COMPENSATION INSURANCE** or signed CONTRACTOR WAIVER for Worker's Compensation Insurance.
- Certification**, or copy of your license or with one or more of the following- International Code Council, ARVADA, AURORA, BOULDER, CANON CITY, DENVER, EDGEWATER, GLENWOOD SPRINGS, LONGMONT, LOVELAND, PITKEN COUNTY, PUEBLO, TELLER COUNTY, THORTON, TRINIDAD, OR WHEATRIDGE.
- References**. If you are applying for a license where the work does not require a permit or you don't have a license in the above certifications (except those license classifications that require ICC testing or certification), you must submit at least five (5) references of comparable work over at least five (5) years.

**** APPLICATIONS WILL NOT BE ACCEPTED OR APPROVED UNLESS ALL INFORMATION IS PROVIDED**

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APPLICATION FEES FOR A CONTRACTOR LICENSE:

Contractor's License Application Fees will be collected in full at the time the application is submitted. If the license is denied for any reason the contractor will receive a refund for the amount paid **minus the \$100.00 review fee.**

FEE TYPE	AMOUNT	SUBTOTAL
GENERAL CONTRACTOR- CLASS A	\$315.00	\$
GENERAL CONTRACTOR- CLASS B	\$265.00	\$
GENERAL CONTRACTOR- CLASS C	\$215.00	\$
GENERAL CONTRACTOR- CLASS D	\$165.00	\$
CONCRETE FORM CONTRACTOR	\$140.00	\$
CONCRETE FLATWORK CONTRACTOR	\$140.00	\$
DEMOLITION	\$115.00	\$
EXCAVATING	\$140.00	\$
MECHANICAL, VENTILATION-AC (HVAC)	\$140.00	\$
CARPENTRY	\$140.00	\$
DRYWALL	\$140.00	\$
EXTERIORS AND WATERPROOFING	\$140.00	\$
FENCING	\$140.00	\$
FIRE ALARM SYSTEMS	\$140.00	\$
BUILDING INSULATION	\$140.00	\$
LANDSCAPING	\$140.00	\$
ROOFING-COMMERCIAL	\$140.00	\$
ROOFING-RESIDENTIAL	\$140.00	\$
EXTERIOR SIGNAGE	\$140.00	\$
STRUCTURAL STEEL ERECTION	\$140.00	\$
HOUSE & BUILDING MOVERS	\$165.00	\$
MASONRY	\$140.00	\$
MANUFACTURED HOME INSTALLER	\$165.00	\$
SPECIAL INSPECTOR (NOT A LICENSED PROFESSIONAL)	\$205.00	\$
QUALIFIED CONTRACTOR (TRADE NOT LISTED ABOVE)	\$140.00	\$

Total Fees due: \$

**** 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.

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AFFIDAVIT:

I, _____, as the business owner or as authorized by the business owner, do hereby declare all information provided on this application is true and accurate. I understand that any dishonest disclosure may result in loss of the privilege to operate a business in the City of Sheridan.

SIGNATURE OF APPLICANT

TITLE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE OF APPLICATION

Return completed application to:

**City of Sheridan
4101 South Federal Blvd.
Sheridan, CO 80110**

City of Sheridan

Phone: 303-762-2200

Fax: 303-438-3398

LAWFUL PRESENCE AFFIDAVIT

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen; or
- I am a Permanent Resident of the United States; or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in 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 offense each time a public benefit is fraudulently received.

Signature

Date

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**WAIVER FOR WORKMAN'S
COMPENSATION INSURANCE**

I, _____, verify that I am sole owner or partner of

and am therefore not required to carry workman's compensation insurance.

I further state that if I hire subcontractors, the subcontractors are required by me to carry workman's compensation insurance.

Signed: _____

Date: _____

Witnessed by: _____

Date: _____