



Plumber's / Electrician's License Registration

(LICENCE EXIRES DECEMBER 31ST OF EVERY YEAR)

304 CENTRAL AVE - WIGGINS, CO 80654 - PH: 970.483.6161 - FAX: 970.483.7364 - WWW.WIGGINSCO.COM

Inspection Line - 970-483-6161

| | | |
|------------------------|---------------|--|
| Filing Fee: N/A | Contractor #: | |
|------------------------|---------------|--|

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|----------------------|
| Today's Date: |
|----------------------|

| COMPANY INFORMATION | | | |
|---|--|--------------------------------------|---|
| Company Name: | | Owner Name: | |
| DBA: <input type="checkbox"/> Same as above | | | |
| Physical Address: | | City: | State/Zip: |
| Mailing Address: <input type="checkbox"/> Same as above | | City: | State/Zip: |
| Company Phone: | | Company Website | |
| Contact Name: <input type="checkbox"/> Same as above | | Contact Email: | |
| Contact Phone: <input type="checkbox"/> Same as above | | | |
| Business Type: Please <input checked="" type="checkbox"/> One | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership <input type="checkbox"/> LLC |
| | | | Number of Employees: <i>(Including yourself)</i> |

| License Information | |
|-----------------------------|-----------------------|
| State Contractor License #: | Expiration Date: |
| State Masters License #: | Master Exp Date: |
| Driver's License #: | Driver's License Exp: |
| General Liability Policy #: | GL Exp Date: |

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|---|-------------------------|
| Have you ever been licensed with the Town of Wiggins? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever had a license revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain: |

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| Submission Requirements – <i>The Town of Wiggins Ordinance 06-2015 requires the following for the issuance of a Contractor's License.</i> |
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- Proof of property and liability in the minimum amount of \$250,000 per person, \$500,000 aggregate, and \$125,000 for property damage (a one-million-dollar liability / property insurance is required if contractor will be doing work on Town property or its right-of-ways / utilities.)
- State Contractor's license and State Master's license numbers (if applicable)

| AFFIRMATION STATEMENT / SIGNATURE: <i>Please INITIAL each box affirming that you have read and understand each statement.</i> | |
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| | Applicable site-specific permits must be issued prior to commencement of any work. |
| | Construction must be completed in accordance with approved plans and the Town's regulations. |
| | All applicable inspections related to any site-specific permit must be scheduled with the Town of Wiggins @ 970-483-6161. |
| | Building plans (if applicable), permits, and inspection records must be accessible on the job sites. |
| | Job site sanitary facilities and safety measures to protect workers and the general public must be adequate. |

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| | Proper supervision of all subcontractors and employees will be provided. |
| | Any changes affecting this license will be reported to the Town of Wiggins immediately. |
| | False or misleading statements on this application are grounds for disapproval or revocation of this license. |
| | The content of this application is true to the best of my knowledge and belief. |

By my signature affixed hereto, I certify that I have read and examined this application and know the same to be true and correct. I understand that the granting of a Contractor's License does not presume to give authority to violate or cancel any provisions of any state or local laws regulating construction, trade work, or the performance of construction.

X
Signature of Applicant _____ *Date* _____

X
Signature of Owner (if not the applicant) _____ *Date* _____