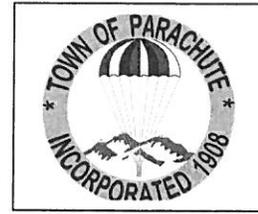


TOWN OF PARACHUTE
PO Box 100
222 Grand Valley Way, Parachute CO 81635



Telephone: (970) 285-7630

Facsimile: (970) 285-0292

CONTRACTOR LICENSE APPLICATION

COMPLETE BOTH SIDES COMPLETELY – INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

Business Name: _____ Applicant Name: _____
 Owner/Responsible Party: _____ Tax ID or S.S.#: _____
 Address: _____ City, State, Zip: _____
 Business Phone: _____ Fax Number: _____
 Cell Phone: _____

Are you legally authorized to sign for your company: Yes No

Are you familiar with the 2003 International Codes? Yes No

**Ordinance 536 requires
 Renewal due annually on January 1**

Please check license type for which you are applying:

General Contractor		Annual Fee
<input type="checkbox"/>	Class A Unlimited	\$100
<input type="checkbox"/>	Class B Commercial	\$ 50
<input type="checkbox"/>	Class C Light Commercial	\$ 50
<input type="checkbox"/>	Class D Residential	\$ 50

Firm must appoint an individual within the firm who has taken and passed the valley-wide *Board of Examiners for Standardized Testing (B.E.S.T.) Contractor test **or equivalent (for contractors not from Garfield County)** before this application will be accepted by the Town. Firm must notify Town of loss of card-carrying employees.

Examinee: _____ Exam Classification: _____

Card#: _____ Expiration Date: _____

The General Contractor on the job site within the Town shall ensure that any subcontractor hired is also licensed with the Town.

Specialty Contractor

Annual Fee

- Class S Specialty \$ 25
 Specializing in _____
- Mechanical \$ 50
- Electrician Master License#: _____ (No fee)
State License #: _____
 Provide copy of Master and State License
- Plumber State License#: _____ (No fee)
 Provide copy of State License

*Electrical and Plumbing Contractors are exempt from the "B.E.S.T." examination program.

ALL INSURANCE CERTIFICATES SHALL LIST THE TOWN OF PARACHUTE AS THE CERTIFICATE HOLDER AND MUST BE MAILED OR FAXED TO THE PLANNING DEPT.

- ▶ Certificate of Contractor's Liability Insurance.
- ▶ Certificate of Worker's Compensation Insurance. If the Contractor has no employees, a Waiver of Worker's Compensation Insurance form **MUST** be signed.
- ▶ The appropriate fee for the class license requested.

I certify that the above information is true to the best of my knowledge. I agree to comply with the rules and regulations contained in this application and any/all applicable documents. I understand that failure to do so may result in the suspension of this license.

Signature of Applicant

Print Name of Applicant

Date

FOR TOWN USE ONLY

Date Application Received: ____/____/____	Application Approved By: _____
Date Application Approved: ____/____/____	Payment Received By: _____
Date Fees Paid: ____/____/____	Method of Payment: Cash ____ Check# ____ Credit Card ____
License Fee: \$ _____	Receipt Number: _____