



Town of Ignacio

Contractor Business License 2015

Date of Application: _____

Applicant Name: _____

Phone: _____ Mobile: _____

Mailing Address: _____

Address of Work: _____

Business Name: _____

Phone: _____ Mobile: _____

CONTRACTOR License Fee \$50.00 Expires 1 year after date of payment

**** Business with no physical address in town and/or working under contract**

Type of Service: _____

Location of Work: _____

Vehicle Description: _____

State Registered: _____ License Plate: _____

Plumber or Electrician Colorado State License Number: _____

I acknowledge I received Town of Ignacio Municipal Code pertaining to the business license(s) for which I applied.

Applicant Initials: _____

Staff gave applicant necessary information, including Town of Ignacio Municipal Code regarding the business license(s).

Staff Initials _____

I agree to comply with all requirements set forth in the Town of Ignacio Municipal Code

Applicant Signature: _____ **Date:** _____

Total Paid: _____