

APPLICATION FOR CONTRACTOR LICENSE*

Date of Submission:	
Company Name:	
Type of Business (wholes	ale, retail, distribution, etc.):
Mailing Address:	
City, State Zip:	
Business Phone: ()	Alternate Phone: ()
Contact Person:	Title:
Email:	
I,	, declare under penalty of false statement, that to the
best of my knowledge and	belief, the above information is true and correct.
Signed:	
form before processing returned to contact pers	ness license and certificate of liability insurance must accompany this can begin. Any applications submitted without these items will be on stated above. Fee for license: \$100 annually; license dates: July 1-June val is required after June 30 th .
	FOR CITY STAFF ONLY:
Reviewed by:	License No.:
Approved	Approval Date:
Denied	Reason:
Updated 6/16/10	