

CONTRACTOR LICENSE APPLICATION

 NEW

 RENEWAL

*For additional information and details on requirements, refer to the [Contractor License Information packet](#)

Company Information (Please Type or Print Legibly)

 Business Name: _____ Contractor Number: **LCC** _____

Insurance Co Name (Gen. Liability): _____ Policy # _____ Exp. Date: _____

 FOR RENEWALS ONLY: Check here if you have verified your business information in our system and no changes are needed

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Cell: _____

Primary Business E-Mail Address: _____

 Select one of the following: Corporation LLC Non-Profit Partnership Sole Proprietor (MUST APPLY IN PERSON)*

Business Officer/Member/Partner: Please provide the name and address of one officer, member or partner:

First Name: _____ MI: _____ Last Name: _____ Title: _____

 Check here if contact information is same as above

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

E-Mail Address: _____

Company Representative Name (if different from above): _____ Phone: _____

License Information
Checkmark next to the license(s) requested

- | | | |
|--|----------|---|
| <input type="checkbox"/> Class A General Contractor Unlimited | \$200.00 | Test or reciprocal license -COPY REQUIRED |
| <input type="checkbox"/> Class B Building Contractor Unlimited except Type I A & B, Limited to 3 stories | \$150.00 | Test or reciprocal license -COPY REQUIRED |
| <input type="checkbox"/> Class C Residential Contractor | \$100.00 | Test or reciprocal license -COPY REQUIRED |
| <input type="checkbox"/> Class D Mechanical | \$75.00 | Test or reciprocal license -COPY REQUIRED |
| <input type="checkbox"/> Class D Plumbing | \$75.00 | State Contractor and Master -COPY REQUIRED |
| <input type="checkbox"/> Class D Plumbing/Mechanical combo license | \$75.00 | (see plumbing and mechanical requirements above) |
| <input type="checkbox"/> Class D Roofing | \$75.00 | Test or reciprocal license -COPY REQUIRED |
| <input type="checkbox"/> Class D Roofing/Siding combo license | \$75.00 | (see roofing requirements above, none for siding) |
| <input type="checkbox"/> Class D Electrical Registration | no fee | State Contractor and Master -COPY REQUIRED |
| <input type="checkbox"/> Class D Other: _____ | \$75.00 | No Requirement |

CONFIDENTIAL

Upon a public request for this document a requestor release form shall be executed or this information shall be redacted.

Driver's License Number: _____ Issuing State: _____ Date of Birth: _____

I hereby confirm that the above information is true to the best of my knowledge and that I will notify the Building Inspection Division of any changes to the status, company name or address in accordance with Section 10-122 of the Thornton City Code. I also confirm that I have read and understand the responsibilities of a license holder as stated in Section 10-121 of the Thornton City Code.

 Company Representative **SIGNATURE**

 Date