



Contractor Application

Lead: Central City

Business Information

DBA Name: _____ Date: _____

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____ Email _____

Contact Name: _____ State Excise Tax #: _____ Fed Tax ID/SSN: _____

Insurance Carrier Address/Phone Number: _____

A CERTIFICATE OF INSURANCE MUST BE FURNISHED BEFORE A LICENSE IS CONSIDERED VALID

Plumber? YES NO Other? YES NO

Electrician? YES NO If yes, type of work? _____

General Contractor? YES NO

License Term

Issued Date: _____ To: _____

License Approval

Be it also known that the licensee's performance shall be monitored and said performance will be considered at the time of renewal. The licensee has the right and will be encouraged to appear before the Commission in defense of any allegations against said performance.

Applicant Signature: _____ Date: _____

Approval Signature: _____ Date: _____