



CONTRACTOR LICENSE APPLICATION

Official Use Only Contractor ID Number: _____

Company Information (Please Type or Print Legibly)

Business Name: _____

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

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

Business Phone: _____ Fax: _____ Mobile: _____

E-Mail Address: _____

Select one of the following: Sole Proprietor (requires additional form and a personal appearance) Partnership LLC Corporation Non-Profit

If a Partnership, LLC, Corporation, or Non-Profit list the names, addresses and titles of the general partner(s), member(s) or officers below

Name	Address	City	St	Zip	Title

Company Representative Information

Last Name: _____ First Name: _____ MI: _____

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

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

Phone: _____ Fax: _____ Mobile: _____

E-Mail Address: _____

License Information

New License Renewal

- | | | |
|--|----------|---|
| <input type="checkbox"/> Class A General Contractor Unlimited | \$200.00 | Test or reciprocal license required |
| <input type="checkbox"/> Class B Building Contractor Unlimited except Type I A & B, Limited to 3 stories | \$150.00 | Test or reciprocal license required |
| <input type="checkbox"/> Class C Residential Contractor | \$100.00 | Test or reciprocal license required |
| <input type="checkbox"/> Class D Mechanical | \$75.00 | Test or reciprocal license required |
| <input type="checkbox"/> Class D Plumbing | \$75.00 | State Contractor and Master 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 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 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

Date