



Surrounded by Inspiration

CITY OF MONTE VISTA

Contractor's License Application

Please complete the form below. A *Certificate of Insurance* must be provided in the amount of \$100,000 for Property and \$50,000 for Bodily. A License will not be issued without proof of insurance. With this application please attach proof your of insurance as well as your payment.

Fees:

- General License/yr \$50.00
- Limited License/yr..... \$50.00

Sales Tax ID No: _____ State License No: _____

Business Name: _____

Business Address: _____

Account No: _____ Business Phone: _____
(If you do not have an Account Number, one will be issued)

Business E-mail: _____ Business Fax: _____

Owner Name: _____ Owner Phone: _____

Owner Address: _____

Manager Name: _____ Manager Phone: _____

Contact Name: _____ Phone: _____

1. HOW LONG HAVE YOU WORKED IN MONTE VISTA _____
2. HOW MANY YEARS HAVE YOU ENGAGED IN THE CONSTRUCTION BUSINESS _____
3. WHAT PARTICULAR LINE OF WORK DO YOU SPECIALIZE IN

4. HAVE YOU EVER DEFAULTED ON A JOB? YES NO IF SO STATE WITH WHOM AND HOW IT WAS SETTLED

5. HAVE YOU EVER HAD A CONTRACTORS LICENSE REVOKED, SUSPENDED OR HAVE YOU BEEN INVOLVED IN A LEIN SUIT YES NO IF SO, FOR WHAT REASON AND HOW WAS IT SETTLED

6. IF YOU HAVE OTHER CURRENT CONTRACTOR'S LICENSES INDICATE THE CITY, TYPE OF LICENSE, AND LICENSE NUMBER
 - a. _____
 - b. _____
 - c. _____
7. MANAGER/CONTACT PERSON _____

PHONE NUMBER _____
www.cityofmontevista.com

I (WE) HEREBY CERTIFY THAT THESE STATEMENTS ARE TRUE AND CORRECT, AND AGREE THAT FALSIFICATION OF THE SAME WILL BE GROUNDS FOR REVOCATION OF LICENSE AND FORFEITURE OF FEE OR FOR SAME. I ALSO UNDERSTAND THAT THERE IS A TEN DAY INVESTIGATION PERIOD BEFORE SAID LICENSE IS ISSUED, AND AGREE NOT TO UNDERTAKE ANY WORK WITHIN THE CITY OF MONTE VISTA UNTIL EXPIRATION OF THIS TIME.

Owner's Signature

Date ____/____/____

Owner's Signature

Date ____/____/____

OFFICIAL USE ONLY

Date Submitted: ____/____/____

Check One:

General Limited Renewal

Supplementary documentation: Please check all that has been included

Fee Proof of Insurance Other Please specify: _____

Application Status:

Approved Denied

If denied, please specify: _____

License Number Issued: _____

Reviewed by (please print)

Signature

Date ____/____/____