

LICENSE#: CON- _____ - _____

CITY OF _____



Planning & Building

130 S. McKinley Avenue Phone: 303.857.6694
 Fort Lupton, CO 80621 Fax: 303.857.0351
BuildingDept@fortluptonco.gov
www.fortluptonco.gov

2020 CONTRACTOR LICENSE APPLICATION

ALL CONTRACTOR LICENSES EXPIRE DECEMBER 31, 2020
ALL SECTIONS ARE REQUIRED TO BE FILLED OUT.

1. APPLICANT INFORMATION- (Incomplete applications will not be accepted)

BUSINESS NAME	NAME _____ PHONE _____	
	EIN OR TAX ID # _____	
BUSINESS ADDRESS	CONTACT PERSON _____ PHONE _____	
	EMAIL _____	
	ADDRESS _____ UNIT/SUITE# _____	
	CITY _____	STATE _____ ZIP CODE _____
MAILING ADDRESS	_____	
o SAME AS BUSINESS ADDRESS	ADDRESS _____ UNIT/SUITE# _____	
	CITY _____	STATE _____ ZIP CODE _____

2. TYPE OF LICENSE

PLEASE CHECK ALL LICENSES YOU ARE APPLYING FOR OR RENEWING.
PLUMBING AND ELECTRICAL CONTRACTOR LICENSES REQUIRE SUBMITTAL OF MASTER LICENSE.

<input type="radio"/> GENERAL CONTRACTOR (NEW CONSTRUCTION) \$150.00	<input type="radio"/> ELECTRICAL (STATE CERTIFICATION(S) REQUIRED) NO ANNUAL FEE
	<input type="radio"/> PLUMBING (STATE CERTIFICATION(S) REQUIRED) \$75.00
<input type="radio"/> HVAC (HEATING, VENTILATING AND AIR CONDITIONING) \$75.00	<input type="radio"/> TREE TRIMMING \$5.00 PER CALENDAR YEAR
	<input type="radio"/> HOUSE MOVER FEE(S) BASED OFF OF INSPECTIONS & MILEAGE

3. NEW OR RENEWING	
<input type="radio"/> NEW CONTRACTOR	<input type="radio"/> RENEWAL
IF RENEWING, PLEASE LIST CONTRACTOR LICENSE(S)# BELOW	
CON-_____	CON-_____
CON-_____	CON-_____
CON-_____	CON-_____
CON-_____	
3. AUTHORIZED PARTIES	
ANY AGENT OF A COMPANY THAT FAILS TO ABIDE BY THE REGULATIONS OF THE CITY OF FORT LUPTON COULD RESULT IN THE ISSUANCE OF A SUMMONS AND OR/ THE REVOCATION OF A CONTRACTOR LICENSE	
<input type="radio"/> Not Applicable	PLEASE LIST WHO IS AUTHORIZED TO APPLY FOR PERMITS
NAME	TITLE
EMAIL	PHONE
NAME	TITLE
EMAIL	PHONE
NAME	TITLE
EMAIL	PHONE
4. ADDITIONAL INFORMATION	
PLEASE ANSWER THE FOLLOWING	
<input type="radio"/>	I DO NOT NEED WORKERS COMPENSATION INSURANCE
<input type="radio"/>	I WILL SUBMIT PROOF OF THE REQUIRED GENERAL LIABILITY INSURANCE VERIFYING THE FOLLOWING LIMITS/COVERAGE: <ul style="list-style-type: none"> • BODILY INJURY - \$300,000.00 • PROPERTY DAMAGE - \$100,000.00

DISCLAIMER & SIGNATURE

Licenses will not be issued until the City receives copies of proof for both General Liability Insurance and Workers Compensation Insurance (if applicable). The City of Fort Lupton must be the Certificate Holder.

I further understand that I must apply for and have a building permit prior to commencing any work within the City Limits of Fort Lupton. I also understand that if I, or any agent of my company, fail to abide by the regulations of the City of Fort Lupton it could result in my receiving a Summons and/or the revocation of my contractor license.

PRINT
NAME _____

SIGNATURE _____ DATE _____

AFFIDAVIT FOR LAWFUL PRESENCE VERIFICATION

I, _____ swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

I am a United States citizen.

I am not a United States citizen but I am a Permanent Resident of the United States.

I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

PRINT
NAME _____

SIGNATURE _____

DATE _____