

CONTRACTOR'S LICENSE APPLICATION

Date _____

License Class (circle one) A B C D # _____ Registration (submit copies of current state licenses)

Company Name: _____ Plumber _____ Electrician

Name of Applicant: _____ Cell phone: _____

Address of Record: _____ Business Phone: _____

Number Street

Fax: _____

City State Zip

General Liability Insurance Workers Compensation Insurance (The City of Littleton must be listed as certificate holder/address)

A, B, C, HVAC, Roofers (test required); Electricians and Plumbers (state licenses required)

References of three jobs completed within the last five years (name, address and phone number).

D-TRADES (refer to website for list of D-Trades) **MUST** attach two notarized letters of experience either from employers or, if self employed, other contractors/customers.

List names of personnel authorized to obtain permits under this license _____

Have you ever had a license suspended or revoked? _____ Yes _____ No (If yes, please explain)

Reason _____

Have you ever been convicted or plead guilty or no contest to a violation of any provisions of the Building Codes?

_____ Yes _____ No (If yes, please explain)

Reason _____

Signature: _____ Date: _____

Please return completed application, proofs of insurances, license fees or registration fee, copy of Master State License & State Contractor License (electricians and plumbers) to the City of Littleton Building Department, 2255 W. Berry Ave., Littleton, CO 80120. If you have any questions, please call Gwen or Donna at 303-795-3751; fax 303-795-3707.

Granted License # _____ Expiration Date: _____

Denied Date: _____

Signature: Building Department

over 

AFFIDAVIT

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, or

___ I am a permanent resident of the United States, or

___ 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 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.

Signature

Date