



CONTRACTOR LICENSE APPLICATION

Community Development Department
1290 S. Public Road, Lafayette, Colorado 80026

303-665-5588
Fax 303-665-2153
Email: planning@lafayetteco.gov

TYPE OF CONTRACTOR

<input type="checkbox"/> GENERAL CONTRACTOR <input type="checkbox"/> Class A \$175.00 Commercial and Residential <input type="checkbox"/> Class B \$125.00 Residential and up to 2,000 sq.ft. Commercial <input type="checkbox"/> Class C \$100.00 Residential Construction up to 3,500 sq.ft <input type="checkbox"/> ELECTRICAL No Fee Master License Number _____ <input type="checkbox"/> MECHANICAL \$125.00 HVAC <input type="checkbox"/> PLUMBING \$150.00 (Copy of state license required)		SPECIAL CONTRACTOR — \$100.00 Other: <input type="checkbox"/> Mobile Home Installer <input type="checkbox"/> Drywall <input type="checkbox"/> Concrete and Form <input type="checkbox"/> Fencing <input type="checkbox"/> Masonry <input type="checkbox"/> Roofing <input type="checkbox"/> House and Building Movers <input type="checkbox"/> Landscaping <input type="checkbox"/> Excavating <input type="checkbox"/> Fire Systems <input type="checkbox"/> Gas Fitter <input type="checkbox"/> Other _____ <input type="checkbox"/> Signs	
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BUSINESS NAME (Please Print or Type)		PHONE	FAX
BUSINESS MAILING ADDRESS (Street)		BUSINESS TYPE <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
City	Zip	IF CORPORATION, LIST PRINCIPAL OFFICER	President
APPLICANT NAME		Vice-President	Secretary/Treasurer
EMAIL ADDRESS (REQUIRED)		Supervisor	Supervisor 24-Hour On Call? <input type="checkbox"/> YES <input type="checkbox"/> NO

INSURANCE REQUIREMENTS

Contractors granted a license under the terms of Chapter 30 of the Code of Ordinances for the City of Lafayette, Colorado, are required to maintain Workman’s Compensation Insurance at all times during the term of this license. (Workman’s Compensation Insurance is not required if the business has no employees.) General liability insurance is also required with limits of not less than \$100,000 for one person and \$300,000 for any one accident, and property damage insurance with a minimum limit of not less than \$50,000 for any one accident.

Insurance Certificate Must Accompany This Application

WORKMANS' COMPENSATION COMPANY (Workman's comp insurance is not required if business has no employees.)	POLICY NUMBER
LIABILITY COMPANY	POLICY NUMBER
INSURANCE AGENT	PHONE NUMBER
MAILING ADDRESS (STREET, CITY, ZIP)	FAX

NOTICE TO APPLICANT/LICENSEE

Lawful Presence Affidavit must be completed and attached.

The Licensee shall immediately notify the Building Department of any change in business name, address, or ownership. The City has the authority to revoke or suspend this license if any requirements of the Code are violated.

I certify that the statements made on this application are correct to the best of my knowledge.

APPLICANT SIGNATURE	TITLE	DATE
_____	_____	_____

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LAWFUL PRESENCE AFFIDAVIT

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**Lawful Presence Affidavit
For
City of Lafayette
Contractor License**

_____ New License

_____ License Renewal

I, _____, as applicant for (Business Name) _____
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 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.

Signature

Date

Form of ID Presented: _____

Valid Colorado Driver's License, Colorado ID card, Military ID, Coast Guard Mariner, or Native American Tribal Documents are acceptable forms of identification.

**Include copy of ID if you are mailing this form.*