

**CONTRACTOR LICENSE APPLICATION**  
**City of Lamar, Lamar, Colorado**  
**PHONE 719.336.2085 FAX 719.336.2787**

APPLICATION IS MADE UNDER AUTHORITY OF ORDINANCE NO. 427, AS AMENDED, FOR EXAMINATION AND LICENSES.

TYPE OF LICENSE APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ MOBILE # \_\_\_\_\_

OWNER/AGENTS NAME/S \_\_\_\_\_ PHONE # \_\_\_\_\_

OWNER/AGENTS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HAVE YOU EVER BEEN REFUSED A BOND? \_\_\_\_\_ IF SO, GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

ARE THERE ANY UNPAID LIENS OR JUDGMENTS FILED AGAINST ANY PROPERTY BY ANY CREDITOR AS A  
 RESULT OF ANY OF YOUR WORK? \_\_\_\_\_ IF SO, STATE CIRCUMSTANCES \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

NAMES, ADDRESSES, AND PHONE NUMBERS OF YOUR EMPLOYERS OR MAJOR JOBS DONE IN THE LAST 5 YEARS

NAME	ADDRESS	PHONE #	YOUR POSITION

STATE IN DETAIL QUALIFICATIONS YOU POSSESS RELATIVE TO THE LICENSE YOU ARE APPLYING FOR

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU EVER BEEN LICENSED IN THE CITY OF LAMAR? \_\_\_\_\_

IF SO, GIVE NAME AND ADDRESS OF LICENSE AND PERIODS COVERED \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR IN ANY COURT? \_\_\_\_\_

**WARNING:** STATEMENTS MADE IN THIS APPLICATION ARE SUBJECT TO VERIFICATION AND FALSE OR MISLEADING STATEMENTS MAY BE CAUSE FOR DISAPPROVAL OF THE APPLICATION. LICENSES ARE ISSUED UNDER AUTHORITY OF ORDINANCE NO. 427.

**SIGNED** \_\_\_\_\_

THIS APPLICATION MUST BE ACCOMPANIED BY A LICENSE FEE OF \$ \_\_\_\_\_ AND PROOF OF WORKMEN'S COMPENSATION INSURANCE ALONG WITH PROOF OF \$100,00.00 MINIMUM LIABILITY INSURANCE POLICY MADE TO THE CITY OF LAMAR.

IF ANY OF THE ABOVE MENTIONED INSURANCE POLICY'S ARE TERMINATED FOR ANY REASON, YOUR LICENSE WILL BE TERMINATED ALSO.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF, \_\_\_\_\_ AD 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES  
\_\_\_\_\_

THIS APPLICATION SHOULD BE FILED IN THE BUILDING DEPARTMENT OFFICE, LAMAR, COLORADO

LICENSE (APPROVED) (DISAPPROVED) \_\_\_\_\_ 20 \_\_\_\_\_

**REMIT TO: BUILDING DEPARTMENT  
102 EAST PARMENTER  
LAMAR, CO 81052**

**OR DROP OFF AT OUR OFFICE LOCATED IN THE MAIN CITY COMPLEX AT 102 EAST PARMENTER, LAMAR  
CO 81052**