

CONTRACTOR LICENSE APPLICATION

HUERFANO COUNTY Building Authority

400 Main Street, Suite B, Walsenburg, Colorado 81089
719-738-1220, ext. 117



Application must be filled out completely to be accepted for review. An incomplete application may needlessly delay your license.

New Application Renewal Submittal Date: _____

License Type: A B C D (Specify Trade) _____

License Jurisdiction: Walsenburg Unincorporated County

License Fee is \$100 per jurisdiction

BUSINESS:			
Legal Business Name (or assumed name & DBA, if applicable):		Date Established:	FEIN:
Number of Employees:	<i>If you have employees, you will be required to provide a Worker's Compensation insurance certificate. If not, you will be required to file a waiver with the State of Colorado.</i>	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability (LLC)	<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor
Business Mailing Address:	City:	State:	Zip Code:
Business Physical Address (if different):	City:	State:	Zip Code:
Business Phone:	Business Email Address:		
PRIMARY APPLICANT:			
Applicant Full Legal Name & Title with the Business:		Applicant Date of Birth:	Applicant Residential Mailing Address:
Applicant Drivers License No / State:	Years of experience in the respective trade to which license pertains:	Have you held any other building license(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all active building licenses and their jurisdictions (copies of each must also be attached):			
Have you, or any person listed below under Officers, Partners, or Owners, ever had a building license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by whom, under what name, and for what reason? _____			
NAMES AND POSITIONS OF OFFICERS, PARTNERS, OR OWNERS: <i>If the applicant is a sole proprietor, see PRIMARY APPLICANT (above). If a partnership, name all partners. If a corporation, name all of the officers (i.e., President, Vice President, Secretary, etc.) of the company. If a LLC, name all members of the LLC.</i>			
Full Legal Name	Title	Date of Birth	Residential Mailing Address and Phone

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PROFESSIONAL REFERENCES

Please provide names and phone numbers of individuals we can contact to verify your experience in the field for which you are applying (experience-related, *NOT financial*). Written letters of reference providing information requested on this page will assist in expediting application approval. **Minimum of three (3) references required.**

1. Name of Company or Contact:		
Address:		Your Position Held:
Immediate Supervisor:		Phone:
Worked From Mo/Yr:	Worked To Mo/Yr:	Description of Work Performed:
2. Name of Company or Contact:		
Address:		Your Position Held:
Immediate Supervisor:		Phone:
Worked From Mo/Yr:	Worked To Mo/Yr:	Description of Work Performed:
3. Name of Company or Contact:		
Address:		Your Position Held:
Immediate Supervisor:		Phone:
Worked From Mo/Yr:	Worked To Mo/Yr:	Description of Work Performed:
4. Name of Company or Contact:		
Address:		Your Position Held:
Immediate Supervisor:		Phone:
Worked From Mo/Yr:	Worked To Mo/Yr:	Description of Work Performed:
5. Name of Company or Contact:		
Address:		Your Position Held:
Immediate Supervisor:		Phone:
Worked From Mo/Yr:	Worked To Mo/Yr:	Description of Work Performed:

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BUSINESS CERTIFICATION:

The undersigned individual represents and warrants the above named "Business" or "Agent" for the contractor license and has the express authority to bind the company, partnership or corporation by this application. The undersigned further agrees to abide by the ordinances and regulations adopted by the Huerfano County Regional Building Authority, with regard to any work which is performed by the Business pursuant to the Contractor License for which this application is submitted.

I hereby certify that the statements and supporting documents contained herein are true and accurate. I also understand that such statements and supporting documents are subject to verification, and that false or misleading information may be cause for disapproval of this license application, or if a license has already been granted, revocation of the license thereof upon discovery.

NOTE: The person signing this application must submit a legible copy of their current State issued driver's license or Photo ID.

Signature of Primary Applicant (Business Agent):

Printed Name and Title:

Contractor Licenses are issued by the Huerfano County Building Authority. This application must be accompanied by the required license fee and supporting documents (as described in Contractor Licensing Procedures).

Application packets should be submitted to:
Huerfano County Land Use Office
400 Main Street, Suite B
Walsenburg, CO 81089
or
building@huerfano.us

Questions? 719-738-1220, x117

Make checks payable to: Huerfano County Treasurer

DO NOT WRITE BELOW THIS LINE

Fee Amount Paid: _____

Proof of Insurance Provided? Yes No

Valid Identification? Yes No

Proof of License/ICC Testing? Yes No *Licensing Entity:* _____

References Verified? Yes No *Verified by:* _____

Comments: _____
