



City of Alamosa
 Public Works Department
 P.O. Box 419
 Alamosa, Colorado, 81101
 (719) 589-6631
 nvaldez@ci.alamosa.co.us

CONTRACTOR'S LICENSE APPLICATION

Company Name: _____	General <input type="checkbox"/> Fee: \$25.00
Mailing Address: _____	Limited <input type="checkbox"/> Fee: \$10.00
Phone Number: _____	ICC Certified: Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person: _____	Certificate Type/Classification: _____
Address/Legal: _____	Insured <input type="checkbox"/>
E-Mail Address: _____	<i>(Please provide a copy of your insurance for verification)</i>

Have you previously worked in Alamosa? Yes <input type="checkbox"/> No <input type="checkbox"/>
How many years have you engaged in the construction business as a contractor?

Give names and addresses of three (3) owners that you have worked for, project date, description and an estimated cost:		
Project 1.	Date:	Cost:
Owner:	Address:	Phone:
Description:		
Project 2.	Date:	Cost:
Owner:	Address:	Phone:
Description:		
Project 3.	Date:	Cost:
Owner:	Address:	Phone:
Description:		

Give the names and addresses of two (2) employers for whom you have worked, the approximate dates of employment and your particular job:		
Employer 1.	Address:	Phone:
Job/Title:	Date:	Reason for Leaving:
Employer 2.	Address:	Phone:
Job/Title:	Date:	Reason for Leaving:

Please state in what particular work you specialize in: Commercial____ Residential____ Both____

Please state in what particular lines of work or trades that you specialize in:

Have you ever defaulted on a job? Yes No

If so, state with whom and how it was settled.

Have you ever been involved in a lien suit? Yes No

If so, state with whom and how it was settled.

How many employees are employed with your business?

If your contractor's license is current, indicate location, type and number of license.	Location:	Type:	Number:
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Has your license ever been revoked or suspended? Yes No

If so, for what reason?

Please remit application to Nicole Valdez at nvaldez@ci.alamosa.co.us

ACKNOWLEDGEMENT AND AUTHORIZATION

I (We) hereby acknowledge that I have read this application and state that the above is correct and hereby agree that falsification of same will be grounds for revocation of the license, and forfeiture of fee for same. I (We) also understand that there is a ten day investigation period before said license is issued, and agree not to undertake any work within the city limits until expiration of this time.

Company Name: _____ Date: _____

Applicant Signature: _____

Applicant's Printed Name: _____

DEPARTMENT USE ONLY

Approved by: _____ Date: _____ Receipt #: _____

License Number Issued: _____