



City of Dacono Contractors License Application

___ New License License Class ___
___ Renewal Date ___

**Name of
Company/Individual
Doing Business As
(DBA)** _____

Business Address _____ **City** _____ **State** _____

**Mailing Address (if
different)** _____ **City** _____ **State** _____

Local Business Phone (w/area)	Mailing Address Phone (w/area)	Business Fax	Business E-mail
_____	_____	_____	_____

**Owner's Name &
Phone** (1) _____ **Phone** _____
(if other than sole proprietor, list two names) (2) _____ **Phone** _____

Description of business operations (please be as detailed as possible): _____

References:

Name _____

Address _____ **City** _____ **State** _____

Phone _____ **Years Known** _____

Name _____

Address _____ **City** _____ **State** _____

Phone _____ **Years Known** _____

The following must be submitted with this application:

1. A copy of your "Certificate of Liability Insurance" for current year issued by your insurance company. The "City of Dacono" needs to be listed as certificate holder.
2. A copy of any license or approvals required by other government agencies (e.g. Environmental Protection Agency, Public Health Department of State Licensing Agency).

Please Read the Following:

1. I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are to the best of my knowledge and belief, true, correct and complete.
2. 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 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 18-6-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature _____ **Date** _____

Title _____

For Departmental Use Only

Fee	___ \$ 150.00 \$ _____ (other)	Expiration Date	_____
Approved By	_____	Date	_____
Denial By	_____	Date	_____
Issued By	_____	Date	_____

Conditions of Approval: _____

