

TOWN OF WESTVILLE
APPLICATION FOR CONTRACTOR'S LICENSE

PLEASE PRINT

DATE _____

NAME OF COMPANY _____

ADDRESS _____

STREET CITY STATE ZIP PHONE

NAME OF PERSON APPLYING FOR LICENSE _____

YOUR POSITION WITH THE COMPANY _____

HOME ADDRESS _____

STREET CITY STATE ZIP PHONE

CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR: GENERAL _____

RESIDENTIAL _____

NON-RESIDENTIAL _____

ELECTRICAL _____

SUB CONTRACTOR _____

TYPE OF SUB CONTRACTOR _____

NUMBER OF YEARS COMPANY HAS BEEN IN CONTRACTING BUSINESS _____

ARE YOU FAMILIAR WITH LOCAL ORDINANCES AND STATE LAWS? _____

DO YOU CARRY GENERAL LIABILITY INSURANCE? _____ AMOUNT? _____

NAME OF CARRIER _____

POLICY NUMBER _____

DO YOU CARRY WORKMEN'S COMPENSATION INSURANCE? _____ AMOUNT? _____

NAME OF CARRIER _____

POLICY NUMBER _____

IF YOU STATED THAT YOU DO NOT HAVE WORKMEN'S COMPENSATION INSURANCE, PLEASE SIGN AND DATE:

I REPRESENT THAT I HAVE NO EMPLOYEES OR OTHER INDIVIDUALS EMPLOYED OR OTHERWISE ASSOCIATED WITH ME AND MY BUSINESS. I FURTHER REPRESENT THAT I HAVE FAMILIARIZED MYSELF WITH THE LAWS RELATING TO WORKMEN'S COMPENSATION INSURANCE AND THAT I AM NOT REQUIRED TO CARRY SUCH INSURANCE

_____SIGNATURE _____DATE

ARE YOU LICENSED IN ANY OTHER CITY OR TOWN?_____ IF YES, WHERE?_____

HAVE YOU EVER HAD A CONTRACTOR'S LICENSE REVOKED?_____ IF YES, GIVE DETAILS:

DELIBERATE MISREPRESENTATION OF ANY MATERIAL FACT, FRAUD OR DECEIT IN OBTAINING A LICENSE, COULD CAUSE THE LICENSE TO BE REVOKED. BY EXECUTING THIS APPLICATION AND SUBMITTING IT FOR THE CONSIDERATION OF THE TOWN OF WESTVILLE, I CERTIFY THAT ALL INFORMATION CONTAINED IS ACCURATE. IF THE APPLICANT IS A CORPORATION, LIMITED LIABILITY COMPANY, OR PARTNERSHIP, THE PERSON EXECUTING THIS APPLICATION REPRESENTS THAT HE/SHE HAS THE REQUISITE AUTHORITY. SHOULD ANY INFORMATION CHANGE, THE APPLICANT SHALL BE OBLIGATED TO IMMEDIATELY NOTIFY THE TOWN OF WESTVILLE. SHOULD ANY INFORMATION BE DETERMINED TO BE INACCURATE OR OTHERWISE INCOMPLETE, THE APPLICANT'S AUTHORITY TO WORK WITHIN THE TOWN OF WESTVILLE SHALL BE REVOKED.

SIGNATURE

PRINT NAME

PHONE NUMBER

E-MAIL ADDRESS

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE NUMBER

EMERGENCY CONTACT ADDRESS

APPROVED THIS _____ DAY OF _____, 20_____.

DENIED THIS _____ DAY OF _____, 20_____.

BUILDING COMMISSIONER'S SIGNATURE

DATE ISSUED/RENEWED:

TERMS OF INSURANCE:

BOND:

