



# CITY OF RIFLE

# \_\_\_\_\_

202 RAILROAD AVENUE\* P.O. BOX 1908\* RIFLE, CO 81650\* (970) 625-6226\* FAX (970) 625-6268

## BUILDING & SPECIALTY CONTRACTOR'S LICENSE APPLICATION

**REQUIREMENTS:**

1. Complete form
2. Pay required fees
3. Have your insurance carrier **mail or fax a copy of your certificate of insurance** (minimum coverage for Specialty test, Home Builder, Light Commercial general liability insurance is \$500,000.00; for Commercial & Unlimited building contractors the minimum is 1000,000.00) per Ordinance 28 Series of 2000
4. Please attach copy of BEST CARD, ICC Cert, State Plumbing or State Electric License

**Best Test Card #:** \_\_\_\_\_  
**Expires:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Applicant Name:** \_\_\_\_\_

**Your Specialty :** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Cell No.** \_\_\_\_\_ **Email** \_\_\_\_\_

**BUILDING CONTRACTOR'S LICENSE FEES:**

"D" Level License (Specialty).....	\$ 75.00
"C" Level License (Home Builder).....	\$125.00
"B.2" Level License (Light Commercial).....	\$150.00
"B.1" Level License (Commercial).....	\$175.00
A" Level License (Unlimited).....	\$200.00
Plumber: State License # _____	
Electrical: State License # _____	

**ALL LICENSES EXPIRE ON DECEMBER 31<sup>ST</sup> OF EACH YEAR**

I certify that:

- \_\_\_\_\_ 1) I will not be employing any person(s) so as to become subject to the Workmen's Compensation laws of the State of Colorado
- \_\_\_\_\_ 2) I will be employing any person(s) and am in full compliance with the Workmen's Compensation laws of the State o Colorado

Office Use

\_\_\_\_\_  
Signature Date