



LICENSE # _____

**MORGAN COUNTY
PLANNING, ZONING & BUILDING DEPT.**

231 Ensign St., P.O. Box 596

Fort Morgan, Colorado 80701

Phone: (970) 542-3526 E-Mail: lcromwell@co.morgan.co.us

CONTRACTOR LICENSING APPLICATION

Annual License Fee \$25.00

Company Information

_____			(____) _____
Business Name			Office Phone
_____			(____) _____
Address			Fax Number
_____	_____	_____	(____) _____
City	State	Zip Code	Cellular Phone
E-mail _____			
<input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC or LLP <input type="checkbox"/> Corporation			

Owner Information

_____			Title: _____
Name of: Owner; Registered Agent for Corporation; Manager; or General Partner			
Home Address _____			
_____	_____	_____	
City	State	Zip Code	

I hereby certify that the statements made by myself and constituting a part of this Application are true and correct to the best of my knowledge.

Applicant Signature

Print Name

Date

[License will expire on the same date as liability insurance. Renewal notices and Contractor's License will be sent via e-mail when possible.]

No testing was conducted for issuance of this license.

A list of licensed contractors will be made available to the public upon request.

Please complete page 2

LICENSE # _____

Business Name: _____ Phone #: _____

Address: _____

Services Contractor Provides:

- | | | |
|------------------------|------------------------------------|----------------------|
| ___ Carpentry | ___ Fire Sprinkler Installation | ___ Painting |
| ___ Concrete | ___ Franchise Utility Installation | ___ Plumbing |
| ___ Drywall | ___ General | ___ Roof Coating |
| ___ EIFS | ___ Grading / Excavation | ___ Roofing |
| ___ Electrical | ___ HVAC | ___ Siding |
| ___ Fence | ___ Manufactured Home Installation | ___ Sign Install |
| ___ Fire Alarm Install | ___ Masonry / Stucco | ___ Structural Steel |

Other _____

Attach the following documentation upon returning this application:

- Certificate of liability insurance – Morgan County Building Department as Certificate Holder
- Fee waiver: include proof of license or registration from another Colorado jurisdiction
- Copy of current State Manufactured Home Installer License, if applicable

OFFICE USE ONLY

Fee Payment: _____ Check # _____ By _____

Date Application Received: _____ Received By _____

Name of Insurance Carrier: _____

Renewal Sent	Insurance Cert Received	Carrier Chg	Date Fee Paid	License from Other Jurisdiction	Certificate Sent	Meritage	Update List
<i>New</i>							