



OFFICE USE ONLY	
LICENSE #	FEE \$ 40
PAID CHECK #	

### Contractors License Application

Name of Business  
(Please Print) \_\_\_\_\_

Contact Person  
(Please Print) \_\_\_\_\_

Business Address  
(Please Print) \_\_\_\_\_  
Street Address City, State, Zip

Business Phone # \_\_\_\_\_ Business Fax # \_\_\_\_\_

Business Email \_\_\_\_\_

Please make sure you include the following with submittal of license form:

- Certificate of insurance specifying liability coverage and naming the District as additional insured set to \$1,000,000 minimum
- Certificate of insurance specifying workers compensation coverage

Insurance Company \_\_\_\_\_

Name of agent \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby agree to be responsible for all work performed by my company in the District, and comply with St. Vrain Sanitation District's Rules and Regulations.

I understand SVSD only performs inspections during normal business hours. If an inspection is needed after hours, I will be responsible for paying a minimum of \$130 before the inspection will be performed (see section 3 of Appendix A in District Rules and Regs).

I have read and understand St. Vrain Sanitation District's Construction Standards and General Notes and Details.

I declare, under penalty of perjury, that the statements made herein are, to the best of my knowledge, true and correct.

Failure to comply with St. Vrain Sanitation District's Rules and Regulations will result in termination of license and possible fines.

_____ SIGNATURE OF OWNER	_____ PRINT NAME
_____ TITLE	_____ DATE

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_____ APPROVED BY	_____ DATE OF ISSUANCE