



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

OFFICE USE ONLY	
APPROVED BY	DATE OF ISSUANCE