

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



ST. VRAIN SANITATION DISTRICT
 11307 BUSINESS PARK CIRCLE
 FIRESTONE, CO 80504
 Phone: 303-776-9570
 Fax: 303-485-1968

Contractors License Application

Name of Business (Please Print)

Contact Person (Please Print)

Business Address (Please Print)

Street Address	City, State, Zip
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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 in the District, and comply with St. Vrain Sanitation District's Rules and Regulations.

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

SIGNATURE OF OWNER	PRINT NAME
<input type="text"/>	<input type="text"/>
TITLE	DATE
<input type="text"/>	<input type="text"/>

OFFICE USE ONLY

APPROVED BY	DATE OF ISSUANCE
<input type="text"/>	<input type="text"/>