



7887 East 60<sup>th</sup> Avenue  
 Commerce City, Colorado 80022  
 Phone (303) 289-3790 / Fax (303) 289-3731  
<http://www.c3gov.com>

*Community Development  
 Department*

**CONTRACTOR'S LICENSE APPLICATION**

<b>CITY OF COMMERCE CITY          DIVISION OF BUILDING SAFETY          7887 EAST 60<sup>TH</sup> AVENUE          COMMERCE CITY, CO 80022          PHONE (303) 289-3790 FAX (303) 289-3731</b>	<b>Shaded Areas For Office Use Only</b> License Issue Date: _____ License No. _____ Insurance Expires: _____
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<b>GENERAL CONTRACTOR</b>	<b>FEES</b>	License Expiration Date: December 31, 20____
<input type="checkbox"/> Class A	\$165	<b>LICENSES ARE NOT PRORATED          AND WILL EXPIRE AT THE END OF          THE CALENDAR YEAR.</b>  <i>International Code Council (ICC) Contractor          Certification Required for Class A, B, C, D,          Mechanical, and Roofing Licenses.</i>
<input type="checkbox"/> Class B	\$110	
<input type="checkbox"/> Class C	\$80	
<input type="checkbox"/> Class D	\$80	
<input type="checkbox"/> Subcontractor*	\$75	
*Please specify subcontractor type: _____		
<input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Electrical Registration	N/A	
<input type="checkbox"/> Plumbing Registration	N/A	

**Type of Ownership:**     Utility Company     Individual     Partnership     Corporation

**PLEASE PRINT**

License Issued To: \_\_\_\_\_  
(Trade Name)

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

NAMES AND ADDRESSES OF PARTNERS OR OFFICERS OF BUSINESS		
Name	Residence Address	% Owned
_____	_____	_____
_____	_____	_____

Authorized Agent: \_\_\_\_\_

**OTHER LICENSES**

Plumber Master's License No.: \_\_\_\_\_ State Plumbing Contractor Registration No.: \_\_\_\_\_

Electrical Master's License No.: \_\_\_\_\_ State Electrical Contractor Registration No.: \_\_\_\_\_

Other City License and No.: \_\_\_\_\_ ICC Certification No.: \_\_\_\_\_

I declare, under penalty of perjury, that this application has been examined by me and the statements made herein are made in good faith, pursuant to the City of Commerce City laws and regulations, and to the best of my knowledge and belief are true, correct, and complete.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_