Contractor's License Application

CITY OF TRINIDAD

P.O. Box 880
TRINIDAD, COLORADO 81082
TELEPHONE (719) 846-9843
FAX (719) 846-0952

INSTRUCTIONS TO APPLICANT: Contractors are required to comply with applicable federal, state and local safety and health laws, regulations and ordinances. Inaccurate or incomplete information may result in denial or revocation of license. Complete this form in its entirety. Fees and insurance certificates are due at the time of application. Application fee is non-refundable.

License Type Requested: _____ **A (General)** _____**B** (Building 3 stories or less) _____**C** (Residential only)

_____**D** (Specify i.e. roofing, excavating, signs, etc.) _____

Business Name: _____ Type: LLC Sole Proprietor Corp. Other (specify)_____

Business Address: _____ Contact: _____

City, State, Zip: _____ Phone: _____

Mailing Address: _____ Cell:_____

City, State, Zip: _____ Fax: _____

Email Address: _____

EMPLOYEE CONTACTS:

Name: _____ Title: _____Phone: _____ Cell: _____

Name: _____ Title: _____Phone: _____ Cell: _____

Name: _____ Title: _____Phone: _____ Cell: _____

Testing Information

Proof of ICC Testing is required for all A, B, C and D/Mechanical and Roofing licensing.
Attach copy of certification.

License Type: _____ Candidate ID: _____ Exam Date: _____

For Official Use Only
□ Certificate Provided

Insurance Requirements

A certificate of insurance must be furnished. The certificate must:

1. identify the City of Trinidad, P. O. Box 880, Trinidad, CO 81082 as certificate holder/additional insured,
2. specify a description of work covered,
3. reflect the following coverage limits,
   a. General Aggregate: $2,000,000.00
   b. Products, completed operations: $2,000,000.00
   c. Personal and advertising injury: $1,000,000.00
   d. Each Occurrence: $1,000,000.00
4. License & Permit Bond: $ 5,000.00 ***MUST USE ATTACHED FORM***
5. Workers Compensation coverage

NOTE: UPON INSURANCE EXPIRATION, CONTRACTOR LICENSE IS SUSPENDED.

For Official Use Only
☐ Insurance Provided

Business References

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

For Official Use Only
☐ References Checked

Fee Requirements

New License Application Fee	$ 50.00
Contractor A License Fee	$150.00
Contractor B License Fee	$125.00
Contractor C License Fee	$100.00
Contractor D License Fee	$ 75.00 each license

For Official Use Only
☐ Fees Paid

Acknowledgement

I acknowledge that all of the information stated on this application is accurate.

Signed: _____ **Title:** _____ **Date:** _____

Print Name: _____

LICENSE AND PERMIT BOND

Bond No. _____

KNOW BY ALL THESE PRESENTS:

That we _____ of _____, as Principal and _____, having its principal office in the city of _____ and duly authorized under the laws of the State of _____, as Surety are held and firmly bound unto the City of Trinidad, 135 N. Animas Street, Trinidad, CO 81082 or any person or persons who may have a cause of action against the principal hereto after known as Obligee in the full and just sum of Five Thousand and No/100 Dollars ($5,000.00), lawful money of the United States of America to be paid to said Obligee, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the said Principal has applied to the City of Trinidad for a __ _____ Contractor License and permit(s) requiring a contractor license.

NOW THEREFORE, the conditions of this obligation are such that if the said Principal shall faithfully observe and comply with all the laws, ordinances, codes and resolutions including all amendments thereto as set forth by the City of Trinidad and at all times indemnify and save harmless the Obligee from and against any and all claims, actions and suites, whether groundless or otherwise, and from and against any and all liabilities, losses, costs, damages, charges, counsel fees and other expenses from the granting of the license or permit to operate, then this obligation shall be null and void, otherwise to remain in full force and effect for as long as the Principal maintains a contractor license with the City of Trinidad.

In the event either the Principal of the Surety under this bond are served with notice of any action commenced against the Principal or Surety under the bond, said Principal and Surety, as each is served with notice of action, shall respectively and within thirty (30) days, give written notice to the City of Trinidad.

PROVIDED, THE LIABILITY OF THE SURETY upon this bond shall be and remain in full force and effect for the full period of the contractor license including renewals and during the time wherein any permit has been issued to the Principal, or until thirty (30) days after receipt by the Obligee of a written notice signed by such Surety, or its authorized agent, stating that the liability of such Surety is thereby terminated and canceled; and provided further, that nothing herein shall affect any rights or liabilities which shall have accrued under this bond prior to the date of such termination.

Signed with our hands and sealed with our seals
this _____ day of _____, 20___.

_____	_____
Principal/Company Name	**Insurance Company**
_____	By _____
Principal Signature	**Attorney-in-Fact Signature**