

Please type or print in ink.

License Classification: \_\_\_\_\_

Name of Individual or Company Conducting Business (exactly as it is to appear on license):  
\_\_\_\_\_

Business/Mailing Address: \_\_\_\_\_  
(Street number, name) (City, state) (Zip code)

Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_  
(if different from above) (Street number, name) (City, state) (Zip code)

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Do not write in this space.**

Approved:  Denied:

For the Manager:

By: \_\_\_\_\_

Date: \_\_\_\_\_

License #: \_\_\_\_\_

**Applicant intends to do business as a:**

Sole Proprietor  Partnership  Corporation  LLC

**IMPORTANT NOTES:**

A **Change of Name or Address** of a licensee must be reported to Contractor Licensing **within 15 days**.

A **Change of Legal Entity** of a licensee will require a new license **within 30 days**.

**PERSONNEL OF APPLICANT**

If the applicant is a sole proprietor, name the sole proprietor; if a partnership, name all the partners; if a corporation\*, name all of the officers of the company (e.g., president, vice president, secretary, etc.); if an LLC\*, name all of the members of the LLC. **\*Notarized meeting minutes may be required to establish the identity of all officers or members of the company.**

NAME	TITLE (Individual, Partner or Officer)	DATE OF BIRTH	RESIDENTIAL ADDRESS and TELEPHONE (Required to Obtain License)

**SUPERVISOR CERTIFICATE HOLDER**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Certificate #: \_\_\_\_\_ Certificate Type: \_\_\_\_\_

Has any person listed under "Personnel of Applicant" ever had a license under the Denver Building Code? Yes  No   
In other states? Yes  No   
If yes, which state, type of license, and years it was held: \_\_\_\_\_

Has any person listed under "Personnel of Applicant" ever been denied a license under the Denver Building Code?  
Yes  No   
If yes, give name, type of license, and approximate date of denial: \_\_\_\_\_

Have you ever had a license or certificate revoked in the City and County of Denver? Yes  No   
If yes, give reason for the revocation: \_\_\_\_\_

Has the applicant read Chapter 1 of the Denver Building and Fire Code? Yes  No

**WARNING:** Statements made in this application are subject to verification. False or misleading statements may be cause to deny the application, or if a license has been granted, revocation thereof upon discovery. Contractor licenses are issued by authority of the Denver Building and Fire Code. This application must be accompanied by the license fee and supporting documents. Make checks payable to: Manager of Finance.

The undersigned, as sole proprietor, partners, corporate officers, or members of an LLC certify that they are authorized to act for the applicant and vouches for the truth of all statements made herein and on supplementary papers attached hereto. "I understand all work must comply with the Denver Building and Fire Code."

Signature of Individual, Owner, Member, or Officer of Company\*: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

\*Person signing must submit a legible copy of their current state-issued driver's license or state-issued photo ID.