



Town of Minturn, Colorado

**Application for General Contractor License**

This license is required to conduct business as a general contractor within the Town of Minturn.

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS INFORMATION**

BUSINESS NAME		BUSINESS CONTACT PERSON	
BUSINESS PHYSICAL ADDRESS (INCLUDE CITY, STATE & ZIP)			
BUSINESS MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)			
BUSINESS PHONE	BUSINESS FAX	CO SALES TAX #	DATE BUSINESS OPENED
BUSINESS EMAIL		BUSINESS WEBSITE	

**DESCRIPTION OF BUSINESS**

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LICENSE FEE: \$240  Check  Credit Card

**OWNER INFORMATION**

OWNER NAME	SECONDARY OWNER NAME
OWNER STREET ADDRESS (INCLUDE CITY, STATE & ZIP)	SECONDARY OWNER STREET ADDRESS (INCLUDE CITY, STATE & ZIP)
OWNER MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)	SECONDARY OWNER MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)
OWNER EMAIL	SECONDARY OWNER EMAIL

**BUSINESS EMERGENCY CONTACT INFORMATION (PLEASE LIST TWO EMERGENCY CONTACTS OTHER THAN THE OWNER)**

PRIMARY EMERGENCY CONTACT	SECONDARY EMERGENCY CONTACT
PRIMARY CONTACT STREET ADDRESS (INCLUDE CITY, STATE & ZIP)	SECONDARY CONTACT STREET ADDRESS (INCLUDE CITY, STATE & ZIP)
PRIMARY CONTACT MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)	SECONDARY CONTACT MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)
PRIMARY CONTACT PHONE	SECONDARY CONTACT PHONE

**APPLICANT SIGNATURE**

I declare under penalty of perjury in the second degree that the statements made in the above application are true and complete to the best of my knowledge.	
_____ Authorized Signature	_____ Date

Please print and mail with payment to: Town of Minturn, Attn: Planning Director, PO Box 309, Minturn, CO 81645. Questions: 970-827-5645

**PAY BY CREDIT CARD:**

NAME ON CARD	DATE PAID	FEE PAID
CARD # (VISA OR MC)	DATE ENTERED	LICENSE #
EXP DATE CVC	PLANNING SIGNATURE	

**FOR OFFICE USE ONLY**