



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

Form with fields for BUSINESS NAME, BUSINESS CONTACT PERSON, BUSINESS PHYSICAL ADDRESS, BUSINESS MAILING ADDRESS, BUSINESS PHONE, BUSINESS FAX, CO SALES TAX #, DATE BUSINESS OPENED, BUSINESS EMAIL, BUSINESS WEBSITE.

ADDRESS AND DESCRIPTION OF PROJECT

Empty rectangular box for address and description of project.

LICENSE FEE: \$240 [] Check [] Cash [] Credit Card

OWNER INFORMATION

Form with fields for OWNER NAME, SECONDARY OWNER NAME, OWNER STREET ADDRESS, SECONDARY OWNER STREET ADDRESS, OWNER MAILING ADDRESS, SECONDARY OWNER MAILING ADDRESS, OWNER EMAIL, SECONDARY OWNER EMAIL.

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

Form with fields for PRIMARY EMERGENCY CONTACT, SECONDARY EMERGENCY CONTACT, PRIMARY CONTACT STREET ADDRESS, SECONDARY CONTACT STREET ADDRESS, PRIMARY CONTACT MAILING ADDRESS, SECONDARY CONTACT MAILING ADDRESS, PRIMARY CONTACT PHONE, SECONDARY CONTACT PHONE.

APPLICANT SIGNATURE

Text: 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:

FOR OFFICE USE ONLY

Form with fields for NAME ON CARD, DATE PAID, FEE PAID, CARD # (VISA OR MC), DATE ENTERED, LICENSE #, EXP DATE, CVC, PLANNING SIGNATURE.