



Town of Johnstown

JOHNSTOWN CONTRACTOR LICENSE

**** The license will expire one year after date of issuance and must be renewed each year. ****

Contractor Means Any Person, Firm, Partnership, Corporation, Association, Other Organization Or Any Combination Thereof, That Performs Construction With The Town

Any Contractor Acting As A Subcontractor Is Not Exempt, And Must Have A Valid Contractor's License

License # _____ New _____ Renewal _____
Fee: \$ 100 (Per Colorado State Statute there is no fee charged for Plumbing and Electrical Licenses)

For office use only Date Received: _____

PLEASE TYPE OR PRINT CLEARLY

Business Name: _____ Owner's Name: _____

Business Address: _____
Address City, State, Zip

Mailing Address: _____
Address City, State, Zip

Address of Owner: (if different) _____
Address City, State, Zip

Business Phone: _____ Other Contact Name & Number: _____

Describe in detail the nature of the business: _____

Email Contact: _____

Start Date of Business: _____ Colorado Master License #: _____
(if applicable)

Type of Construction		
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Heating/Mechanical
<input type="checkbox"/> Plumber (no fee)	<input type="checkbox"/> Roofer	<input type="checkbox"/> Lawn sprinkler/Landscaping
<input type="checkbox"/> Electrical (no fee)	<input type="checkbox"/> Signage	<input type="checkbox"/> Other
<input type="checkbox"/> Solar	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Insulation



Town of Johnstown

Do you have a physical location inside Johnstown Town limits? Yes _____ No _____

If yes, please note the physical location address if different than above:

If yes, please note the phone if different than above:

If yes, provide the local contact/manager for the physical location:

Name

Phone

Email

If you do have a physical location in Johnstown as well as conduct contracting work, you will receive a contractors' license and a business license, both of which are required by Municipal Code to be posted at the place of business.

Number of Employees: Full Time _____ Part Time _____ Seasonal _____

Contact Person in Case of Emergency:

Name

Address

Phone

Applicant Signature

Date

- Please provide a copy of all licenses issued by the State of Colorado
- Please provide a copy of Certificate of Liability Insurance
 - Town of Johnstown, 450 S Parish Avenue Johnstown Colorado 80534- Certificate holder
- Fill out form completely and include \$100.00 fee payable to the Town of Johnstown
- Include a copy of the Secretary of State's Business in Good Standing form (www.sos.state.co.us)
- (SOLE PROPRIETORS ONLY) Included is an affidavit to prove Lawful Presence

The Community That Cares

johnstown.colorado.gov

P: 970.587.4664 | 450 S. Parish Ave, Johnstown CO 80534 | F: 970.587.0141



Town of Johnstown

AFFIDAVIT OF LAWFUL PRESENCE

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- _____ I am a United States Citizen; or
- _____ I am a Permanent Resident of the United States; or
- _____ I am lawfully present in the United States pursuant to Federal Law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under C.R.S. § 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

State of Colorado
County of _____

Signed and sworn to (or affirmed) before me on _____, by
_____.

SEAL

Notary Signature

My commission expires: _____