



Town of Johnstown

2023 JOHNSTOWN CONTRACTOR LICENSE

Lic. # _____
Fee: \$ 100.00

New _____ Renewal _____

GENERAL LICENSING FEE

CONTRACTOR MEANS ANY PERSON, FIRM, PARTNERSHIP, CORPORATION, ASSOCIATION, OTHER ORGANIZATION OR ANY COMBINATION THEREOF, THAT PERFORMS CONSTRUCTION WITH THE TOWN

.....\$100.00 per year

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"/> Electrical/Solar | <input type="checkbox"/> Heating/Mechanical |
| <input type="checkbox"/> Plumber | <input type="checkbox"/> Roofer | <input type="checkbox"/> Lawn sprinkler/Landscaping |
| <input type="checkbox"/> Fire sprinkler | <input type="checkbox"/> Signage | <input type="checkbox"/> Other |

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


(continue on next page)

The Community That Cares

www.TownofJohnstown.com

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

Contact Person in Case of Emergency:

| Name | Address | Phone |
|---|---------------------|-------|
|  | Applicant Signature | Date |

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

- ***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***
- ***(SOLE PROPRIETORS ONLY) Included is an affidavit to prove Lawful Presence***
- ***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)***

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: _____