

**WHEAT RIDGE SANITATION DISTRICT
P.O. BOX 288 7100 W. 44TH AVE. #104
WHEAT RIDGE, CO 80034 303-424-7252 FAX 303-424-2280**

APPLICATION FOR LICENSE FOR CONTRACTORS

DATE _____

In compliance with Section II of the Rules and Regulations of the Wheat Ridge Sanitation District, I hereby make application for a license authorizing me to engage in the business of contractor, as defined in the Rules and Regulations of Wheat Ridge Sanitation District. In support of this application, make the following statements.

NAME: _____

BUSINESS ADDRESS _____

PHONE _____ FAX _____

E-MAIL _____

WEBSITE _____

NUMBER OF YEARS IN BUSINESS _____

INSURANCE REQUIREMENTS: Agree to file Certificate of Insurance for Worker's Compensation and Liability.

Application must be accompanied by a \$20 application fee. A renewal of \$10 per calendar year required to keep license current. If license is granted, I hereby agree to comply with all the Rules and Regulations of the Wheat Ridge Sanitation District, a copy of which I have received at this date.

Signature of Applicant _____

Title _____