



OFFICE OF THE CITY CLERK
 30 South Nevada Avenue, Suite 101
 Post Office Box 1575, Mail Code 110
 Colorado Springs, Colorado 80901-1575
 (719) 385-5115 Fax:(719) 385-5114

APPLICATION FOR CONCRETE CONTRACTOR LICENSE

CITY CODE SECTION 3.3.5

| | |
|------------------------|------------------|
| Application Fee | \$ 15.00 |
| License Fee | \$ 100.00 |

Questions concerning this application should be directed to (719) 385-5115.

Checks should be made payable to *City of Colorado Springs*

The following must be submitted with the completed application:

- Proof of current public liability and property damage pursuant to City Code Section 3.3.503
- License permit bond pursuant to City Code Section 3.3.503
- Proof of registration with the Colorado Department of Revenue and/or a copy of the corporate form from the Secretary of State, as applicable.

1. Name of Applicant(s): _____

2. Applicant(s) Residence Address: _____

3. Trade Name (d/b/a): _____

4. Local Business Address: _____

5. Mailing Address: _____

6. Business Phone: _____ Fax: _____

7. Have you ever had a business license denied, suspended or revoked? Yes No

If yes, please provide details: _____



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SWORN AFFIRMATION

I hereby certify that the statements made by myself and constituting part of this application are true and correct. I further understand and agree that any misrepresentation of any information on this application may be grounds for denial of a license. I have been furnished with, and am familiar with, the ordinances and regulations pertaining to this application. I further understand that any violation of the laws of the State of Colorado, or the Ordinances of the City of Colorado Springs, Colorado, can result in denial of this application, or suspension/revocation of my license.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and consent to the release of information and all known records including criminal convictions, if any, to authorized agents of the Colorado Springs Police Department, City Clerk's Office, and any other department requiring the information for approval of this license. This authorization shall be valid for the duration of my license, and any renewals thereof.

Signature of Applicant(s)

Date

Title

State of Colorado)
) ss.
County of El Paso)

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My Commission Expires: _____

Notary Public