



APPLICATION FOR A LICENSE AS A GENERAL CONTRACTOR

DATE: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER: _____ FAX NUMBER: _____

NAME OF SUPERINTENDENT OR FOREMAN WHO WILL PERFORM, MANAGE AND SUPERVISE THE WORK OR BUSINESS FOR THE APPLICANT GENERAL CONTRACTOR

STATE AT LEAST TWO (2) YEARS EXPERIENCE AS A GENERAL CONTRACTOR. (COMPLETED JOBS)

IF APPLICANT IS A FIRM OR PARTNERSHIP, STATE BELOW THE NAME, ADDRESS AND OCCUPATION OF EACH OF ITS' PARTNERS AND THE BUSINESS ADDRESS OF SUCH FIRM OR PARTNERSHIP.

IF THE APPLICANT IS A COMPANY OR A CORPORATION STATE BELOW:

(A) THE NAME, ADDRESS AND OCCUPATION OF ITS PRESIDENT, SECRETARY, TREASURER AND EACH OF ITS DIRECTORS.

(B) THE ADDRESS OF THE REGISTERED OFFICE OF SUCH COMPANY OR CORPORATION AND ITS BUSINESS ADDRESS:

I solemnly declare that the applicant will comply with the terms of this license and the regulations of the Town of Paradise and that the information contained in this application is true to the best of my knowledge, information and belief.

Witness Date

Applicant Signature Date

TOWN OF PARADISE USE ONLY

Certificate of Insurance Received and On File _____
SIGNED _____ DATED _____

WHSCC Certificate Received and On File _____
SIGNED _____ DATED _____