2021 CONTRACTOR'S LICENSE NEW OR RENEWAL APPLICATION

TOWN OF BASALT 101 MIDLAND AVENUE BASALT, CO 81621 (970) 927-4702 FAX: (970) 927-4703

BUSINESS NAME:

BUSINESS MAILING ADDRESS: BUSINESS PHYSICAL ADDRESS:

NAME	OF BUSINESS OWNER/RESPONSIBL	E PARTY:		
BUSIN	ESS PHONE:	CELL PHONE:		
FAX N	JMBER:	EMAIL ADDRESS:		
	plication is offered to contractors license tor's license, a Town of Basalt <i>business</i>		revious year. If you are issued a	
CLASS	OF LICENSE FOR WHICH APPLICAT	ION IS BEING MADE (please	check):	
		<u>Renewal</u>	<u>Minimum</u>	
		Fee	Insurance Required	
	General Contractor (Unlimited)	\$20 0	\$1,000,000	
	General Contractor (Commercial)	\$200	\$1,000,000	
	General Contractor (Light Commercial)		\$ 500,000	
	General Contractor (Homebuilder)	\$200 \$150	\$ 500,000	
		•		
	Specialty (check appropriate specialty		\$ 500,000	
	Concrete	Irrigation *	Roofing *	
	Drywall *	Masonry	Structural Steel Erection	
	Excavation *	Mechanical Contractor	Plumbing/Boiler (Hot Water Heat)	
	Carpentry	Insulation *	Glass and Glazing *	
	Other (Solar*	
		*Means B.E.S.T. ca	rd not required	
PLEAS	E NOTE:			
•	If the same company is applying for more than one license, fees for (lesser- or equal-priced) licenses beyond the first are 25% off.			
•	Contractor licenses are valid from Jan. 1 through Dec. 31 of each calendar year.			
•	Electrical licensing is through State of Colorado Department of Regulatory Agencies (DORA).			
	Licentical modificing to unrought class of c	rololado Bopartinont of Rogala	tory rigoriolog (DOTA).	
Standa	rm must appoint an individual within the f rdized Testing (B.E.S.T.), International C riate trade before the Town will accept th	ode Council (ICC) contractor to	the valley-wide Board of Examiners for est, or other approved credential within the	
B.E.S.	NUMBER(S)	or OTHER CREDENTIAL		
THIS A	APPLICATION MUST BE ACCOMPA	ANIED BY:		
1.	Certificate of contractor's liability insurance. (Certificate Holder: Town of Basalt, 101 Midland Ave., Basalt,			
	CO, 81621)			
2.	Worker's compensation insurance certificate. If the contractor has no employees, a waiver of worker's compensation insurance may be filed with the Town.			
3.	Copy of current BEST card/or STATE		er test credential.	
4.	SBR credential. Provided with this license application; or prior to approval of a permit subject to SBRs.			
5.	The appropriate fee for the class of li	cense requested (payable to	Town of Basalt).	
OFFICIAL USE ONLY: Date Paid		Amount Paid	Check No	