

**TOWN OF WESTVILLE**  
**APPLICATION FOR CONTRACTOR'S LICENSE**

PLEASE PRINT

DATE \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET                      CITY                      STATE    ZIP    PHONE

NAME OF PERSON APPLYING FOR LICENSE \_\_\_\_\_

YOUR POSITION WITH THE COMPANY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

STREET                      CITY                      STATE    ZIP    PHONE

CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR: GENERAL \_\_\_\_\_

RESIDENTIAL \_\_\_\_\_

NON-RESIDENTIAL \_\_\_\_\_

ELECTRICAL \_\_\_\_\_

SUB CONTRACTOR \_\_\_\_\_

TYPE OF SUB CONTRACTOR \_\_\_\_\_

NUMBER OF YEARS COMPANY HAS BEEN IN CONTRACTING BUSINESS \_\_\_\_\_

ARE YOU FAMILIAR WITH LOCAL ORDINANCES AND STATE LAWS? \_\_\_\_\_

DO YOU CARRY GENERAL LIABILITY INSURANCE? \_\_\_\_\_ AMOUNT? \_\_\_\_\_

NAME OF CARRIER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

DO YOU CARRY WORKMEN'S COMPENSATION INSURANCE? \_\_\_\_\_ AMOUNT? \_\_\_\_\_

NAME OF CARRIER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

**IF YOU STATED THAT YOU DO NOT HAVE WORKMEN'S COMPENSATION INSURANCE, PLEASE SIGN AND DATE:**

I REPRESENT THAT I HAVE NO EMPLOYEES OR OTHER INDIVIDUALS EMPLOYED OR OTHERWISE ASSOCIATED WITH ME AND MY BUSINESS. I FURTHER REPRESENT THAT I HAVE FAMILIARIZED MYSELF WITH THE LAWS RELATING TO WORKMEN'S COMPENSATION INSURANCE AND THAT I AM NOT REQUIRED TO CARRY SUCH INSURANCE

\_\_\_\_\_SIGNATURE \_\_\_\_\_DATE

ARE YOU LICENSED IN ANY OTHER CITY OR TOWN? \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

\_\_\_\_\_  
HAVE YOU EVER HAD A CONTRACTOR'S LICENSE REVOKED? \_\_\_\_\_ IF YES, GIVE DETAILS:  
\_\_\_\_\_  
\_\_\_\_\_

***DELIBERATE MISREPRESENTATION OF ANY MATERIAL FACT, FRAUD OR DECEIT IN OBTAINING A LICENSE, COULD CAUSE THE LICENSE TO BE REVOKED. BY EXECUTING THIS APPLICATION AND SUBMITTING IT FOR THE CONSIDERATION OF THE TOWN OF WESTVILLE, I CERTIFY THAT ALL INFORMATION CONTAINED IS ACCURATE. IF THE APPLICANT IS A CORPORATION, LIMITED LIABILITY COMPANY, OR PARTNERSHIP, THE PERSON EXECUTING THIS APPLICATION REPRESENTS THAT HE/SHE HAS THE REQUISITE AUTHORITY. SHOULD ANY INFORMATION CHANGE, THE APPLICANT SHALL BE OBLIGATED TO IMMEDIATELY NOTIFY THE TOWN OF WESTVILLE. SHOULD ANY INFORMATION BE DETERMINED TO BE INACCURATE OR OTHERWISE INCOMPLETE, THE APPLICANT'S AUTHORITY TO WORK WITHIN THE TOWN OF WESTVILLE SHALL BE REVOKED.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
EMERGENCY CONTACT NAME

\_\_\_\_\_  
EMERGENCY CONTACT PHONE NUMBER

\_\_\_\_\_  
EMERGENCY CONTACT ADDRESS

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

DENIED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
BUILDING COMMISSIONER'S SIGNATURE

DATE ISSUED/RENEWED:

TERMS OF INSURANCE:

BOND:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---