



CITY OF RIFLE

202 RAILROAD AVENUE ♦ RIFLE, CO 81650

PHONE (970) 665-6461

EMAIL CSQUIRES@RIFLECO.ORG

Office Use Only:

LICENSE #

BUILDING & SPECIALTY CONTRACTOR'S LICENSE APPLICATION

ALL CONTRACTORS LICENSES EXPIRE DECEMBER 31ST

REQUIREMENTS:

- 1) Complete Application.
- 2) Pay Required Fees.
- 3) Have Your Insurance Carrier mail, fax or email a copy of your certificate of insurance (minimum coverage for Specialty, Home Builder or Light Commercial general liability insurance is \$500,000.00; for Commercial & Unlimited Building Contractor's the minimum is \$1,000,000.00) per Ordinance 28 series of 2000.
- 4) Please attach copy of State Plumbing or State Electric License.

Business Name: _____

Owners Name: _____

Physical Address of Business: _____

Mailing Address: _____

Phone: _____

Alt Phone: _____

Email: _____

Your Specialty: _____

Origination Date: _____

"D" Level License (Specialty)	.....	\$ 75.00	<input type="checkbox"/>
"C" Level License (Home Builder)	.....	\$125.00	<input type="checkbox"/>
"B.2" Level License (Light Commercial)	.....	\$150.00	<input type="checkbox"/>
"B.1" Level License (Commercial)	.....	\$175.00	<input type="checkbox"/>
"A" Level License (Unlimited)	.....	\$200.00	<input type="checkbox"/>

Plumber: State License # _____

Expiration Date: _____

Electrical: State License # _____

Expiration Date: _____

I certify that:

_____ 1) I **will not be** employing any person(s) so as to become subject to the Workmen's Compensation laws of the State of Colorado

_____ 2) I **will be** employing any person(s) and am in full compliance with the Workmen's Compensation laws of State of Colorado

Office Use Only:

Date Received:

Payment Receipt #:

SIGNATURE

DATE

City of Rifle
202 Railroad Avenue
Rifle Colorado 81650



**STATEMENT OF EXEMPTION FROM
WORKERS' COMPENSATION LAWS**

Date: _____

I, _____, do hereby state that

(insert company name) _____
has NO EMPLOYEES and therefore is exempt from the State of Colorado
Workers' Compensation requirements. By signing this form I acknowledging that
I will inform the City of Rifle if this changes.

I also understand that it is my responsibility in the hiring of subcontractors to
make certain that they are in compliance with the State of Colorado Workers'
Compensation insurance requirements and City of Rifle requirements.

Signature: _____

Print Name: _____

Company: _____



AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date