

City of Sundance
Contractor's License Application
Snow Removal Contractor's Application



LICENSE NUMBER _____
(Office use only)

Comes Now _____

being first duly sworn upon his/her oath and states as follows: That he/she has made application for the right and privilege to perform work in the City of Sundance, does hereby swear that he/she is familiar with all ordinances of the City and will abide by all applicable building or construction, electrical, mechanical, plumbers or pipe fitter codes adopted by the City of Sundance and the State of Wyoming now or in the future. That he/she will make application for and display a building permit, or require the same to be purchased by the property owner, prior to construction.

1.) CONTRACTOR NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

Home/Office Phone Number: _____

Local Phone Number (If Available): _____

2.) NATURE OF CONTRACTOR'S WORK TO BE PERFORMED:
(Briefly describe scope of services to be provided by contractor)

3.) PREVIOUS PROJECT REFERENCES (minimum of three (3) required):

NAME	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

4.) QUALIFICATIONS OF CONTRACTOR AND CONTRACTOR'S EMPLOYEES:

5.) PROOF OF CURRENT CONTRACTOR'S LIABILITY INSURANCE (MINIMUM OF \$500,000.00 PER INCIDENT. (MAY FAX TO 1-307-283-3452)

6.) FEE REQUIRED - \$115.00 PER YEAR Contractors License, EXPIRES ON 12/31 OF CURRENT YEAR

** RENEWAL BY MARCH 1 – FEE ONLY \$57.50

7.) SNOW REMOVAL CONTRACTOR LICENSE FEE-\$50.00 PER YEAR. EXPIRES ONE YEAR FROM ISSUE DATE.

APPLICANT'S SIGNATURE

DATE

CITY OFFICIAL

DATE

7.) RETURN APPLICATION TO: P.O. BOX 542, SUNDANCE, WY 82729-0542

8.) DIRECT INQUIRIES TO: 1-307-283-3451

FOR OFFICE USE ONLY:

DATE PAID

AMOUNT PAID

RECEIPT NUMBER