

# CONTRACTOR LICENSE

NO LICENSE WILL BE GRANTED UNLESS APPROVED BY THE TOWN CLERK  
AND ALL FEES HAVE BEEN PAID

Copy of Owners Drivers License and Liability Insurance are Required.

Business Name		DBA	
Business Address			
City		State	Zipcode
Mailing Address ( if different)			
City		State	Zipcode
Owners Name		Additional Owner	
Business Activity			
Business Phone		Cell Phone	
Email			
Website			

If you would like to be added to our online business directory.  
Please place a check mark next all the information you want listed.

License Fee (Contact Town Hall)

PLEASE SUBMIT A COPY OF THE FOLLOWING:

PROOF OF LIABILITY INSURANCE

OWNER'S DRIVERS LICENSE

IF PLUMBER OR ELECTRICIAN - COPY OF STATE LICENSE (fee waived)

<b>FOR OFFICE USE ONLY</b>	
	Background Check
Contractor License number	Date Completed _____
Type of Payment	BY _____

Date Received

Town of Wellington P.O. Box  
127 Wellington, CO 80549 fax  
970-568-9345  
sullivcj@wellingtoncolorado.gov