



Contractor/Trade License

BUSINESS		OFFICE USE	
Check all that apply: <input type="checkbox"/> Contractor (\$45) <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical (HVAC / Refrigeration / Hydronics)			
Business Name	OFFICE USE ONLY		
Iowa Workforce Development Registration Number / Expiration Date	PROOF OF INSURANCE Any person doing work in the City of Denison as a general, mechanical, or plumbing contractor shall provide a certificate of insurance for general liability insurance with limits of \$100,000, completed operations product insurance with limits of \$100,000, business automobile insurance with limits of \$100,000, and statutory worker's compensation insurance.		
Address	<input type="checkbox"/> Proof of Insurance attached with necessary coverage Expiration date: _____		
City/State/Zip	REGISTERED WITH IWD DIVISION OF LABOR All contractors performing construction work must be registered with the Division of Labor.		
Business Phone	<input type="checkbox"/> Registration Number verified by _____ Expiration date: _____		
Cell Phone	TRADE LICENSES <input type="checkbox"/> Trade License verified by _____		
Fax Number			
Email Address			
		General Contractor Denison License Number _____	Date Received/Paid _____
		Plumbing Contractor Denison License Number _____	Total Fees Paid _____
		Mechanical Contractor Denison License Number _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
		Date Expires _____	Date Issued/Mailed _____
CITY OF DENISON BIDS/LISTS			
Do you want to be notified when the City of Denison is accepting bids for projects? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do you want to be notified? <input type="checkbox"/> Letter <input type="checkbox"/> Email			
We are gathering a list of contractors who would be willing to help homeowners clean up and fix problems with their properties. Would you like to be on a list that we give people who may need some assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			

AUTHORIZED PERMIT APPLICANTS		
The following individuals are authorized to submit and sign for permits:		
Name	Name	Name
Title	Title	Title
Phone	Phone	Phone
Email	Email	Email

TRADE VERIFICATIONS				
Please list all owners and employees with trade licenses working at this business, along with their license numbers. Use an additional form if needed.				
Name	Name	Name	Name	Name
Plumbing State License # <input type="checkbox"/> Verified	Plumbing State License # <input type="checkbox"/> Verified	Plumbing State License # <input type="checkbox"/> Verified	Plumbing State License # <input type="checkbox"/> Verified	Plumbing State License # <input type="checkbox"/> Verified
HVAC State License # <input type="checkbox"/> Verified	HVAC State License # <input type="checkbox"/> Verified	HVAC State License # <input type="checkbox"/> Verified	HVAC State License # <input type="checkbox"/> Verified	HVAC State License # <input type="checkbox"/> Verified
Refrigeration State License # <input type="checkbox"/> Verified	Refrigeration State License # <input type="checkbox"/> Verified	Refrigeration State License # <input type="checkbox"/> Verified	Refrigeration State License # <input type="checkbox"/> Verified	Refrigeration State License # <input type="checkbox"/> Verified
Hydronics State License # <input type="checkbox"/> Verified	Hydronics State License # <input type="checkbox"/> Verified	Hydronics State License # <input type="checkbox"/> Verified	Hydronics State License # <input type="checkbox"/> Verified	Hydronics State License # <input type="checkbox"/> Verified
Other (please list) <input type="checkbox"/> Verified	Other (please list) <input type="checkbox"/> Verified	Other (please list) <input type="checkbox"/> Verified	Other (please list) <input type="checkbox"/> Verified	Other (please list) <input type="checkbox"/> Verified

IMPORTANT: YOU ARE RESPONSIBLE FOR KEEPING OUR OFFICE UPDATED WITH CURRENT INFORMATION.

Applicant Signature	Title	Date
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