

CONTRACTOR LICENSE APPLICATION
Development Services Department
City of Green River Wyoming



Date: _____ Phone: _____

Owners Name(s): _____

Owners Address(s): _____

Name of Business: _____

Business Physical Address: _____

Mailing Address: _____ Email: _____

Description of Business: _____

Number of Employess: Full Time: _____ Part Time: _____

Insurance Provider (Name, Address and phone number): _____

Minimum Injury or death coverage amount (must equal or exceed \$250,000): \$ _____

Proof of a sign on a company vehicle complete with the Name of the Company and a working telephone number submitted: Yes: _____

Yes: ____ No: ____ Will your business handle, use, or store any of the following types of materials? (Check the ones that apply to your business)

- | | |
|--------------------------------------|---|
| _____ Flammable Liquids | _____ Unstable or Reactive Materials |
| _____ Combustible Liquids | _____ Radioactive Materials |
| _____ Petroleum Products | _____ Carcinogens |
| _____ Pesticides | _____ Solvents |
| _____ Compressed Gases | _____ Large Quantities of Chemicals |
| _____ Flammable Gases | _____ Corrosives or Acids |
| _____ Flammable & Combustible Solids | _____ Materials Discharged into the sewer with a PH of 5 or below |
| _____ Oxidizers | |
| _____ Toxic Materials | |

_____ Yes _____ No Will an open flame device be utilized in your business?

Signature: _____

Signature: _____

BELOW IS FOR OFFICE USE ONLY:

Contractor License expires on April 1, _____

Contractor License Fee \$ _____ Full Year _____ Half Year _____

Approved for issuance by _____

Title _____