

SECTION 1 CONTRACTOR INFORMATION

Applicant's Name \_\_\_\_\_ Type of License \_\_\_\_\_ Current License No. \_\_\_\_\_

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

SECTION 2 APPLICANT AFFIDAVIT

In Witness Whereof, I have hereunto subscribed my name this \_\_\_ day of \_\_\_\_\_, 20\_\_ in the County of \_\_\_\_\_, State of \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Home Address) (City) (State) (Zip Code)

SECTION 3 NOTARY

**NOTE TO NOTARY: Please ensure that Applicant's Name below matches the pre-printed Applicant's Name in SECTION 1 above**

\_\_\_\_\_, legal resident of \_\_\_\_\_ County, State of \_\_\_\_\_

(Applicant's Name)

Having been sworn, or having affirmed before me, declares that he/she is the person described in the foregoing application and that all statements contained in the said answers are true to the best of his/her knowledge and belief.

(Seal) S/S

Sworn and subscribed to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_

In the County of \_\_\_\_\_, State of \_\_\_\_\_

Notary Public Signature \_\_\_\_\_ Commission Expires \_\_\_\_\_

SECTION 4 TO BE COMPLETED BY LOCAL ZONING BOARD

I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting contractor's business at the address cited above.

Signature \_\_\_\_\_

Authorizing Agency \_\_\_\_\_

(Printed Name) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

SECTION 5 For Office Use Only

Application Approved By \_\_\_\_\_ Date \_\_\_\_\_

Renewal Fee Paid \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_ Date \_\_\_\_\_