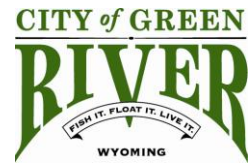


CONTRACTOR LICENSE APPLICATION
Development Services Department
City of Green River Wyoming



Date: _____ Phone: _____

Owners Name(s): _____

Owners Address(s): _____

Name of Business: _____

Business Physical Address: _____

Mailing Address: _____ Email: _____

Description of Business: _____

Number of Employees: 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?

This license shall be subject to revocation in the event the business is conducted in any unlawful manner, to include violation of or non-compliance with the ordinances of the City and the laws of the State of Wyoming by the licensee in the operation of the business or of the business premises.

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 _____