

NORTH WASHINGTON STREET WATER AND SANITATION DISTRICT

Application for Contractor's License or License Renewal

Name of Applicant \_\_\_\_\_

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

City, State, Zip code \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Calendar year for which license is sought \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_

Have you been licensed by the District before? (Yes) \_\_\_ (No) \_\_\_

NOTIFICATION TO APPLICANT:

No application for a Contractor's License will be accepted unless the following are attached to the application:

1. A \$5,000 License and Permit Bond with North Washington Street Water and Sanitation District to be named the obligee.
2. A Certificate of Insurance which will indicate that the contractor carries a minimum of \$1,000,000 combined single limit liability and property damage coverage. Contractor equipment coverage should also be included. A Certificate of Insurance for State Compensation Insurance is also required.
3. License fee (or renewal fee) in the amount of \$50.00.

THE APPLICANT AGREES, IF LICENSED BY THE DISTRICT TO:

1. Comply with all of the terms, provisions, and requirements of the Rules and Regulations of the North Washington Street Water and Sanitation District with respect to laying and maintenance of Water & Sanitary Sewer service lines and with respect to payment of fees.
2. Repair, at their own cost, any damage to the public water and sewer lines, which is shown to have been caused by opening, uncovering, or laying Water and Sanitary Sewer service lines or connecting Water and Sanitary Sewer service lines to the Public Water and Sewer System.
3. License must be approved at the District's Office before the contractor commences work on any projects within the North Washington Street Water and Sanitation District.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

NORTH WASHINGTON STREET WATER AND SANITATION DISTRICT

AFFIDAVIT FOR LAWFUL PRESENCE VERIFICATION

Because of Colorado House Bill 065-1023 (C.R.S. 24-76.5-103), this affidavit is MANDATORY and must be submitted along with a copy of one of the accepted forms of identification to prove lawful presence in the United States. Colorado law now requires that the North Washington Street Water and Sanitation District verify all natural persons 18 years or older or sole proprietors who are applying for a public benefit are lawfully present in the United States prior to receiving the public benefit. A public benefit includes the application or a renewal of a grant, loan, contract, and professional or commercial licenses provided by an agency of the state or local government.

**FOR CORPORATIONS/PARTNERSHIPS/COMPANIES, ETC. ONLY**

- A) *The applicant, for whom I am authorized to sign, is NOT a “natural person” or “sole proprietorship”, but a corporation, partnership, company, or other similar entity. HB 065-1023 is not applicable.*  
*I understand this sworn statement is required because the applicant has applied for a “Public Benefit”.*  
*I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the laws of Colorado.*

Printed Name and Title of Applicant’s Representative	Signature of Applicant’s Representative	Date
Name of Business		

**-OR-**

**FOR “NATURAL PERSONS” OR SOLE PROPRIETORS ONLY**

- B) *I am a “natural person” or a “sole proprietorship”, NOT a corporation, partnership, company or other similar entity and MUST complete this affidavit and submit it with the required documentation.*
  1. *I, \_\_\_\_\_ swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):*  
       \_\_\_\_\_ *I am a United States Citizen: or*  
       \_\_\_\_\_ *I am a Permanent Resident of the United States: or*  
       \_\_\_\_\_ *I am lawfully present in the United States pursuant to Federal Law.*
  2. *I understand this sworn statement is required by law because I have applied for a “Public Benefit”.*
  3. *I understand State law requires me to provide proof that I am lawfully present in the United States prior to receipt of this Public Benefit.*
  4. *I acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the laws of Colorado.*
  5. *I have attached a copy of one of the acceptable documents provided by the State of Colorado and I presented it to the Agency as proof of identification that I am at least 18 years of I am lawfully in the United States.*

Applicant’s Printed Name	Applicant’s Signature	Date
Name of Business (if Applicable)		