



ADMINISTRATIVE USE ONLY:

APPROVED DENIED

License # _____

TOWN OF WRIGHT
P.O. Box 70, Wright, WY 82732
201 Wright Blvd.
Telephone: 307-464-1666
Facsimile: 307-464-0813
buildingofficial@wrightwyoming.com

CONTRACTOR LICENSE APPLICATION

Please complete each field; insert N/A if not applicable. Incomplete applications will not be processed.

DATE OF APPLICATION: ____/____/____

TYPE OF APPLICATION (Select one):

- New (Check here if application is for an expired license)
- Renewal of contractor's license # _____, having expiration date of ____/____/____

APPLICANT CONTACT INFORMATION

Business Name: _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Physical Address: _____ City _____ State _____ Zip Code _____

Contact Person: _____ Title: _____

Federal Tax ID (SSN for Sole Proprietorship): _____

Office Telephone: _____ Office Facsimile: _____

Other Phone: _____ Email Address: _____

Contact Name/Phone: _____ Contact Name/Phone: _____

Requirements which must be included with application.

- ✓ **Completed & Notarized Application**
- ✓ **Three (3) Notarized Contractor Experience Verifications**
- ✓ **Letter of Financial Standing on official letter head**
- ✓ **Workers Compensation & Unemployment Letter from State on official letterhead**
- ✓ **Wyoming State Contractor's License testing**
- ✓ **Certificate of Liability Insurance**

Every contractor granted a license of any kind under the terms hereof shall be required to maintain at all times public liability insurance of a minimum amount of not less than \$1,000,000.00

CLASS OF LICENSE (select one):

Building Contractor- Class A - This license shall entitle the holder thereof to contract for the construction, alteration, or repair of any type or size of structure permitted by the building codes of the Town of Wright.

FEES

License Fee - \$75.00
Renewal - 15.00

Building Contractors Class B – This license shall entitle the holder thereof to contract for the construction, alteration, or repair of 1, 2, 3, or 4- Family Residential Buildings of two (2) stories or less and/or one (1) story commercial Buildings with five (5) thousand square total feet area or less; provided that contractors holding Class B Licenses shall not contract for public buildings or places of public assembly.

FEES

License Fee - \$50.00
Renewal - 15.00

Building Contractors Class C – All other contractors not included within categories Class A, Class B, and Class D, who build, alter, add-to, move or demolish any portion of any building or any portion thereof, or structures, including specifically but not limited to house repair maintenance, siding applications, tile laying, carpet laying, plastering, sheetrock installation, painting, fencing, residential roofing, and any other activities involved in maintenance, improvement, or construction of additions to residences and buildings with the Town of Wright. This section will include all specialized contractors who are not licensed under other sections hereof.

FEES

License Fee - \$25.00
Renewal - 15.00

Building Contractor Class D – This class includes all plumbing, electrical, mechanical, sheet metal, commercial roofing contractors, gas, water and sewer, pipe layer licensed contractors, roofing contractors, and mechanical contractors.

FEES

License Fee - \$75.00
Renewal - 15.00

Individual License Fees

ELECTRICAL

Master \$25.00 – Renewal \$15.00
Journeyman 15.00 – Renewal 15.00
Apprentice 5.00 – Renewal 5.00

PLUMBING

Master \$25.00 - Renewal \$15.00
Journeyman 15.00 – Renewal 15.00
Apprentice 5.00 – Renewal 5.00
Pipe layer 5.00 – Renewal 5.00
(Pipe layer includes, gas, water & sewer)

TYPE OF BUSINESS ENTITY (Select one):

- Corporation
- Limited Liability Company
- Limited Partnership
- General Partnership
- Sole Proprietorship
- Other _____

LIST THE NAME AND TITLE OF EVERY OWNER

(Officer, member, partner, sole proprietor, etc.)

EMPLOYEES: Employees that are not or will be working in the Town limits: (select one)

- No, applicant does not now have employees, and will not have employees in the future.
- Applicant does not now have employees, but may have employees in the future.
- Yes, applicant has employees from Wyoming and/or out-of-state

List names of employees

STATUS QUESTIONS

* Please answer each of the following questions. * When responding to Questions #4 through #11: If “Yes” and (a) the application is a renewal, (b) the situation occurred during a previous licensing period, and (c) no new event of this nature has occurred since the license was last approved , check the box indicating “Renewing, no change”. Otherwise, attach a separate sheet of paper providing a detailed description of the circumstances surrounding the event. And attach copies of relevant paperwork, including Court documents, as needed.

		Yes	No
1.	Is applicant at least 18 years of age?	[]	[]
2.	Is applicant a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?	[]	[]
3.	Has applicant been previously licensed with the Town of Wright? If “yes”, please specify dates and classes of licenses & business name with whom you were licensed with.	[]	[]
4.	Has applicant or any individual employed by applicant had a contractor license or professional or vocational license denied, fined, suspended, or revoked? <input type="checkbox"/> Renewal, no change (see criteria above).	[]	[]
5.	Has a third party had to complete or make a financial settlement upon any contract or work undertaken by applicant? <input type="checkbox"/> Renewal, no change (see criteria above).	[]	[]
6.	Does applicant have any bills past due or any claims for labor, materials, or services outstanding and unsatisfied? <input type="checkbox"/> Renewal, no change (see criteria above).	[]	[]
7.	Are there any liens, lawsuits, or judgments of record pending against applicant? <input type="checkbox"/> Renewal, no change (see criteria above).	[]	[]
8.	Is applicant currently in bankruptcy proceedings or has applicant been adjudicated as bankrupt within the past sever (7) years? <input type="checkbox"/> Renewal, no change (see criteria above).	[]	[]
9.	Has applicant made an assignment of assets, either voluntary or otherwise, in settlement of	[]	[]

	construction obligations for less than the total amount of the job or contract? <input type="checkbox"/> Renewal, no change (see criteria above).		
10.	Has any owner (officer, partner, member, sole proprietor) of the applicant been convicted of a felony within the last ten (10) years? <input type="checkbox"/> Renewal, no change (see criteria above).	[]	[]
11.	Has applicant failed to complete a project? <input type="checkbox"/> Renewal, no change (see criteria above).	[]	[]

*****Remember incomplete applications will not be processed*****

AFFIDAVIT OF APPLICANT

* This Affidavit of Applicant shall be completed by an owner (officer, member, partner, or sole proprietor) of the applicant, who is authorized to act as agent for the applicant. * The agent shall complete the following, then sign and date in the space provided before a notary public.

I, (print name), _____, (print title) _____, the undersigned, as agent for the applicant, being first sworn, certify that the statements made in this application are true. I acknowledge that any false, deceptive, or fraudulent statements made in this application or at a hearing on the same will result in the denial of licensure with the Town of Wright and may subject me to charges of false swearing or perjury.

_____ Date: _____
 Signature of Agent for Applicant

STATE OF _____)
) §
 COUNTY OF _____)

On this _____ day of _____, 20____, the above and foregoing was subscribed and sworn to before me by (print name of agent) _____, whom I know personally or whose identity was proved to me on the basis of satisfactory evidence.

Witness my hand and official seal.

 Notary Public

My commission expires: _____



TOWN OF WRIGHT
 P.O. Box 70, Wright, WY 82732
 201 Wright Blvd.
 Telephone: 307-464-1666
 Facsimile: 307-464-0813
 www.wrightwyoming.com

Contractor: _____
 Address: _____
 Telephone: _____

CONTRACTOR EXPERIENCE VERIFICATION

INSTRUCTIONS: Applicant shall fill-in contractor information in upper right corner. Person providing reference shall complete from here down, including having signature notarized form is completed.

WHO MAY PROVIDE REFERENCE: This experience verification form shall be completed by a previous customer or former employee of the contractor, by a member of the building safety department, or by a person engaged in one of the following occupation classifications: architect, engineer, or licensed contractor. Persons related to, affiliated with, or presently employed by the contractor may NOT provide experience verification.

Name of Reference: _____ Telephone: _____
 Title: _____ Organization: _____
 Mailing Address: _____

1. Name of contractor for whom you are verifying work: _____
2. Length of time you have personally or professionally known contractor: _____ years, _____ months
3. Indicate the type(s) of work contractor has completed for you or to your knowledge:
 electrical, gas pipefitting, mechanical/HVAC, plumbing, fire suppression, commercial building, residential building, trim carpentry, structural concrete and/or masonry, paving, nonstructural concrete and/or masonry, drywall and/or plaster, dirt work, dirt work, elevators, fencing, flooring, wood framing, steel framing, garage doors, gutters, insulation, interior decorating, landscaping, low voltage or limited electrical, commercial roofing, residential shingle roofing, security systems, signage, water and sewer pipe laying, windows and/or siding, other (explain): _____
4. List projects or jobs which you have personal knowledge that contractor has completed: _____
5. List projects or jobs which you have personal knowledge that the contractor has failed to complete: _____
6. Describe the contractor's overall performance and ability to meet customer's needs: _____

AFFIDAVIT OF REFERENCE

I, the undersigned, being first duly sworn, certify that the statements made above are true, and acknowledge that any false, deceptive, or fraudulent statements may subject me to charges of false swearing or perjury.

 Signature of Reference Date: _____

STATE OF _____)
) §
 COUNTY OF _____)

On this ____ day of _____, 20____, the above and foregoing was subscribed and sworn to before me, by (print name of reference) _____, whom I know personally or whose identity was proved to me on the basis of satisfactory evidence.

Witness my hand and official seal.

 Notary Public

My commission expires:



TOWN OF WRIGHT
 P.O. Box 70, Wright, WY 82732
 201 Wright Blvd.
 Telephone: 307-464-1666
 Facsimile: 307-464-0813
 www.wrightwyoming.com

Contractor: _____
 Address: _____
 Telephone: _____

CONTRACTOR EXPERIENCE VERIFICATION

INSTRUCTIONS: Applicant shall fill-in contractor information in upper right corner. Person providing reference shall complete from here down, including having signature notarized form is completed.

WHO MAY PROVIDE REFERENCE: This experience verification form shall be completed by a previous customer or former employee of the contractor, by a member of the building safety department, or by a person engaged in one of the following occupation classifications: architect, engineer, or licensed contractor. Persons related to, affiliated with, or presently employed by the contractor may NOT provide experience verification.

Name of Reference: _____ Telephone: _____
 Title: _____ Organization: _____
 Mailing Address: _____

1. Name of contractor for whom you are verifying work: _____
2. Length of time you have personally or professionally known contractor: _____ years, _____ months
3. Indicate the type(s) of work contractor has completed for you or to your knowledge:
 electrical, gas pipefitting, mechanical/HVAC, plumbing, fire suppression, commercial building, residential building, trim carpentry, structural concrete and/or masonry, paving, nonstructural concrete and/or masonry, drywall and/or plaster, dirt work, dirt work, elevators, fencing, flooring, wood framing, steel framing, garage doors, gutters, insulation, interior decorating, landscaping, low voltage or limited electrical, commercial roofing, residential shingle roofing, security systems, signage, water and sewer pipe laying, windows and/or siding, other (explain): _____
4. List projects or jobs which you have personal knowledge that contractor has completed: _____
5. List projects or jobs which you have personal knowledge that the contractor has failed to complete: _____
6. Describe the contractor's overall performance and ability to meet customer's needs: _____

AFFIDAVIT OF REFERENCE

I, the undersigned, being first duly sworn, certify that the statements made above are true, and acknowledge that any false, deceptive, or fraudulent statements may subject me to charges of false swearing or perjury.

 Signature of Reference Date: _____

STATE OF _____)
) §
 COUNTY OF _____)

On this ____ day of _____, 20____, the above and foregoing was subscribed and sworn to before me, by (print name of reference) _____, whom I know personally or whose identity was proved to me on the basis of satisfactory evidence.

Witness my hand and official seal.

 Notary Public

My commission expires:



TOWN OF WRIGHT
P.O. Box 70, Wright, WY 82732
201 Wright Blvd.
Telephone: 307-464-1666
Facsimile: 307-464-0813
www.wrightwyoming.com

Contractor:
Address:
Telephone:

CONTRACTOR EXPERIENCE VERIFICATION

INSTRUCTIONS: Applicant shall fill-in contractor information in upper right corner. Person providing reference shall complete from here down, including having signature notarized form is completed.

WHO MAY PROVIDE REFERENCE: This experience verification form shall be completed by a previous customer or former employee of the contractor, by a member of the building safety department, or by a person engaged in one of the following occupation classifications: architect, engineer, or licensed contractor. Persons related to, affiliated with, or presently employed by the contractor may NOT provide experience verification.

Name of Reference: Telephone:
Title: Organization:
Mailing Address:

- 1. Name of contractor for whom you are verifying work:
2. Length of time you have personally or professionally known contractor: years, months
3. Indicate the type(s) of work contractor has completed for you or to your knowledge:
4. List projects or jobs which you have personal knowledge that contractor has completed:
5. List projects or jobs which you have personal knowledge that the contractor has failed to complete:
6. Describe the contractor's overall performance and ability to meet customer's needs:

AFFIDAVIT OF REFERENCE

I, the undersigned, being first duly sworn, certify that the statements made above are true, and acknowledge that any false, deceptive, or fraudulent statements may subject me to charges of false swearing or perjury.

Date:
Signature of Reference

STATE OF
COUNTY OF

On this day of, 20, the above and foregoing was subscribed and sworn to before me, by (print name of reference), whom I know personally or whose identity was proved to me on the basis of satisfactory evidence.

Witness my hand and official seal.

Notary Public

My commission expires: