

City of Council Bluffs, Iowa Application for a
General Contractor's License

I hereby make application for Contractor Class: A B C D E License.
(circle one)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (____) _____ Fax # (____) _____

Have you previously applied for a General Contractors license here before? **YES** **NO**

Do you hold a General Contractors License in another Municipality? **YES** **NO**

Have you previously pass an ICC Exam for which you are applying for? **YES** **NO**

** Test documentation is required to be submitted if answered yes **

EMPLOYMENT HISTORY

Provide the following employment information starting with the most recent. All references will be verified and you may be required to provide documentation of employment.

<u>Employer Name/#</u>	<u>From</u>	<u>To</u>	<u>Type of work performed</u>

Address _____

Job Title _____

Immediate Supervisor _____

<u>Employer Name/#</u>	<u>From</u>	<u>To</u>	<u>Type of work performed</u>

Address _____

Job Title _____

Immediate Supervisor _____

Employer Name/# From To Type of work performed

Address

Job Title

Immediate Supervisor

Employer Name/# From To Type of work performed

Address

Job Title

Immediate Supervisor

EDUCATIONAL BACKGROUND

List any schools attended.

<u>School/Address/Phone #</u>	<u>Number of years attended</u>	<u>Degree/Diploma</u>

I am currently employed as a _____ by _____

Which is located at _____ and have been

continuously so employed for ____ years and ____ months.

State of Iowa Construction Contractor Registration # _____

All Construction Contractors should be registered with the State of Iowa Workforce, Labor Services Division
 (800) 562-4692 ext 25871 <http://www.iowaworkforce.org/labor/contractor.htm>

You shall furnish your attached Certificate of Insurance to the City Clerk for the City Attorney's approval to indemnify the City and Public all arising out of work performed or responsibilities under said license in minimum amounts of:

General Liability: with a coverage policy in the minimum amounts of \$ 1,000,000.00 per occurrence for bodily

injury, including death, or damage to property of other arising out of work performed or responsibilities assumed under the license.

The aggregate limit shall be no less than \$ 1,000,000.00

Worker's Compensation: sufficient to satisfy the laws of the State of Iowa

Employer's Liability Insurance: in the minimum amount of \$ 100,000.00

Auto Liability Insurance: in the minimum amount of \$ 1,000,000.00

Certificate of Insurance Policy # _____ Expiration Date: _____

RETURN THIS FORM WITH PAYMENT TO:

Building Official

approval: _____

209 Pearl

Council Bluffs, IA 51503

FOR OFFICE USE:

Payment By: ___ Cash ___ Check # _____ Application Date: _____

License # _____ Biennial Date of Expiration: July 1, 200__ (even years) ¼ Prorated:

I agree that failure on my part to conform with and abide by any and all ordinance of the City of Council Bluffs, IA pertaining to the benefit of a legitimate license, performance of which is permitted only by legitimate hold of said license, shall be cause for suspension or revocation of said license issued to me pursuant to the City of Council Bluffs Code.

The above statements are true and correct to the best of my knowledge and belief.

PRINTED NAME

APPLICANT

DATE