



City of Aurora Development Services Department

APPLICATION FOR LICENSE

Building Division • 15151 E. Alameda Parkway, Ste 2400 • Aurora, CO 80012
303.739.7420 • Email: contractorlicenses@auroragov.org

☐ **New Contractor License** PLEASE INCLUDE REFERENCES ON BACK PAGE.

☐ **Renewal of Contractor License**

☐ **New Supervisor License** PLEASE INCLUDE REFERENCES ON BACK PAGE.

☐ **Renewal of Supervisor License**

Company Name		
Mailing Address		
City	State	Zip
Business Telephone		Email Address
Type of License Applying for or Renewing		
Name of Supervisor		
Home Address		
City	State	Zip
Home Telephone		Email Address
Date of Birth (For Identification Purposes Only)		
Do you currently hold a City of Aurora Supervisor's License? ☐ Yes ☒ No		
If "YES", License #:		Expiration Date:
Do you have a City of Aurora Business License? ☐ Yes ☐ No		
If "YES", License #		
NO? Provide a name and contact information and we will coordinate with your staff. Contact _____ at (____) ____-____ or by email at _____ to coordinate any needed tax registration.		

I declare under penalty that this application has been examined by me; and that the statements made herein are made in good faith pursuant to City of Aurora tax and licensing regulations; and to the best of my knowledge and belief, are true, correct and complete. I understand that falsification of any portion of this application may result in refusal to issue or renew license/certification.

I understand the following are requirements to maintain my license.

- All license expirations are my responsibility to monitor and maintain. The City of Aurora does not send out renewal letters. A courtesy email will be sent providing an active email address is on file. (Set filter to accept emails from City of Aurora, amandasystem@auroragov.org).
- I am required by city ordinance (22-96) to notify in person or by mail within five (5) business days after the supervisor's termination or change of status. Failure to do so shall be cause for suspension or revocation of the license or certificate.
- If this is a renewal of supervisor license, I certify that I have been actively engaged as a qualified supervisor, in the particular category for which my original license was issued, during the three (3) year period from original date of issuance of date of last renewal, whichever is later.

Signature and Acknowledgment of Applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE - CITY USE ONLY

Verify Driver's License Number: _____ RSN# _____

SL # _____ CL # _____

I have reviewed and verified the above information and approve the issuance/renewal of license.

Authorized Signature _____ Date _____

LIST OF JOBS COMPLETED WITHIN THE PAST FIVE (5) YEARS:

[illegible]