



EL DORADO

THE FINE ART OF LIVING WELL

**CITY OF EL DORADO
CONTRACTOR LICENSE
APPLICATION**

____ NEW ____ RENEWAL DATE _____

Business Name

Mailing Address

Phone

Fax

Trade Type

Contact Name

Insurance Company

Certificate Enclosed ____ Yes ____ No

*List the name, address & phone number of the employees to be licensed.
Please circle their respective title.*

Master Journeyman Helper

Master Journeyman Helper

Master Journeyman Helper

Master Journeyman Helper

Master Journeyman Helper

Master Journeyman Helper

-----*Staff Use Only*-----

Approved By: _____ Date: _____ Paid _____