



**CONTRACTOR'S LICENSE
APPLICATION**
\$100 License Fee must accompany application



Town of Rockvale

**156 Rockafellow Street
PO Box 91
Rockvale, Co 81244
719-784-4125**

Business Name: _____

Business Owner: _____

Business Address: Physical _____

Mailing _____

Business Phone Number: _____

Business Email: _____

Type of Business: _____

State ID #: _____

THIS LICENSE IS GOOD FOR ONE CALENDAR YEAR.

OFFICE USE ONLY

Date received: _____

Payment Type: _____ Cash _____ Check # _____ _____ Credit Card

Payment Amount: _____