

EPCI

Contractor Application

Business Name: _____

Business Mailing Address: _____

Phone # _____ Fax # _____

Owners Name: _____ Phone # _____

Other Contact: _____

Phone # _____ Cell # _____

Please provide and attach:

- 1) A copy of any state license(s) you have.
- 2) A copy of your identification.
- 3) Certificate of liability insurance. (Liability insurance shall be issued by an insurance company licensed to do business in this state shall name the **city in which you are applying** as an additional insured by endorsement and shall provide a ten day notice of cancellation or reduction in coverage to the Building Department.
- 4) Workers compensation (certificate or exemption).