



**CITY OF FITCHBURG
DEPARTMENT OF COMMUNITY DEVELOPMENT
DIVISION OF HOUSING & DEVELOPMENT**

**HOUSING IMPROVEMENT PROGRAM
CONTRACTOR APPLICATION FORM**

NAME OF COMPANY _____ FED. I.D. # _____

OWNER'S NAME _____ SOC. SEC. # _____ D.O.B. _____

ADDRESS (STREET) _____

(CITY, STATE, ZIP CODE) _____

PHONE: OFFICE _____ FAX _____ HOME _____

OFFICE HOURS: _____ TO _____

MAY WE CALL YOU AT HOME? YES ___ NO ___

ARE YOU A GENERAL CONTRACTOR? (ALL PHASES OF WORK) YES ___ NO ___

HOW LONG HAVE YOU BEEN SELF-EMPLOYED? _____ YEARS OF EXPERIENCE _____

DO YOU HAVE A SPECIALTY? _____

HOW MANY EMPLOYEES DO YOU EMPLOY? _____

LIST BUILDERS LICENSE AND NUMBERS WHICH YOU HOLD:

Construction Supervisors License # _____

Home Improvement Certification # _____

Dealers License # _____

Other License _____

Other License _____

Other License _____

DO YOU CARRY BODILY INJURY AND PROPERTY DAMAGE INSURANCE?

YES ___ NO ___ AMOUNT \$ _____

DO YOU CARRY WORKMEN'S COMPENSATION INSURANCE?

YES ___ NO ___ AMOUNT \$ _____

NAME OF INSURANCE CO. _____

ATTACH A CERTIFICATE OF INSURANCE TO THIS APPLICATION

HOW LONG A PERIOD DO YOU GUARANTEE YOUR WORK? _____

DO YOU COMPLY WITH A NONDISCRIMINATION POLICY CONCERNING EMPLOYEES AND SUBCONTRACTORS? YES _____ NO _____

IF NO, STATE WHY _____

ARE YOU A MINORITY OWNED COMPANY? YES _____ NO _____

CIRCLE YEARLY GROSS VOLUME OF CONTRACTED WORK

\$0 - \$25, 000 \$25,000 - \$50,000 \$50,000 – 1000,00 OVER \$100,000

LIST SUPPLIERS: STARTING WITH THE LARGEST VOLUME CREDIT ACCOUNT

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>IS THIS ACCOUNT CREDIT OR CASH?</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

LIST THREE (3) MOST RECENT JOBS COMPLETED: (ATTACH A SEPERATE SHEET IF NECESSARY)

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>TYPE OF WORK</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

By signing this application you hereby agree and authorize the City of Fitchburg, Department of Community Development, Division of Housing & Development to obtain a credit report/s in connection with this application in your name and/or your company name.

In addition as applicant, you hereby certify and attest under penalty of perjury that all statements made within this application are true and complete.

The City of Fitchburg is authorized to obtain and verify any information contained herein, and this application and subsequent information obtained will remain the property of the City of Fitchburg, Department of Community Development, Division of Housing & Development.

AUTHORIZED SIGNATURE

DATE