



Worker's Compensation Exemption

I certify that in the performance of the work for which this license is issued, I will not be employing any person(s) so as to become subject to the worker's compensation laws of the State of Colorado. After making such certificate, I agree that I, as the applicant, become subject to the worker's compensation provisions of the State of Colorado, I shall immediately comply with the provisions of Ordinance Number 98-1 of the Town of New Castle or this permit shall be revoked.

\_\_\_\_\_  
Signature

Before a license renewal shall be issued, the applicant for the license shall pay the renewal fee and shall satisfy the Town of New Castle as to his/her integrity, qualifications, reputation, and financial responsibility. He/she shall also submit a certificate of insurance to the Town providing evidence of liability and worker's compensation insurance in such amounts and subject to such restrictions as the Town may prescribe.

The Town shall devise classifications based upon the licensing category and nature of the work involved, and shall apply the same requirements uniformly to all contractors of that classification.

A contractor is responsible for any type of construction he may contract to build in the Town of New Castle. Right of Way and/or Building permits must be obtained before commencement of any work.

A Right of Way Permit from the Town of New Castle must be obtained for all work or storage of materials within public rights of way.

All construction within the Town of New Castle must be in accordance with the latest revision of the Town of New Castle Public Works Manual.

Plumbing and Electrical work may be subcontracted, but a general contractor must have a means of knowing when the work is being installed properly.

I certify that the above information is true to the best of my knowledge. I agree to comply with the rules and regulations contained in this application and any/all applicable documents. I understand that failure to do so may result in the suspension of this license.

\_\_\_\_\_  
I understand that no license will be issued until proof of liability and/or worker's compensation insurance are provided.

\_\_\_\_\_  
Signature of Applicant

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*FOR TOWN USE ONLY*

Renewal Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Date Approved: \_\_\_\_\_ License Number: \_\_\_\_\_