



300 W 4th Street – Craig, CO 81625
Email: sarellano@ci.craig.co.us
970-826-2024

CITY OF CRAIG CONTRACTOR LICENSE RENEWAL FORM

1. Name of Applicant (Person who holds the license): _____
 2. Business Name: _____
 3. Mailing Address: _____

 4. Email Address: _____
 5. Phone Number: _____
 6. License Type(s): _____
 7. Name of qualified supervisor: _____
- Signed _____
- Title _____
- Date _____

NOTE: IF STATE LICENSED (PLUMBING, DETECTION/ALARM SYSTEMS, ELEVATOR INSTALLTION, MOBILE HOME) PLEASE PROVIDE A COPY OF THE CURRENT STATE LICENSE. IF YOU DO NOT HAVE A CURRENT STATE LICENSE ON FILE, YOU WILL NOT BE ABLE TO PULL PERMITS.