

**Office Use Only:**

Contractor's License #: \_\_\_\_\_

Receipt #: \_\_\_\_\_ \$100.00

Issued: \_\_\_\_\_

**TOWN OF LOVELL**

PO BOX 188

LOVELL, WY 82431

PHONE: (307) 548-6551

FAX: (307) 548-7614

**APPLICATION FOR 2024 CONTRACTOR LICENSE**

JANUARY 1 2024 – DECEMBER 31 2024

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Social Security Number or Employer Identification Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State \_\_\_\_\_

Liability Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

\*Please provide the Town of Lovell with a certificate of coverage with Town of Lovell as certificate holder.

Wyoming Unemployment Insurance Division Account #: \_\_\_\_\_

Worker's Compensation Coverage Employer # \_\_\_\_\_

Will you be using: Employees  Sub-Contractors  or Working Alone

**All contractors, including sole proprietors, MUST register with Wyoming Workers' Compensation and Wyoming Unemployment. Please see back of form for additional information.**

Type of work to be performed under the license: \_\_\_\_\_

How long engaged in such work and specify full-time or part-time: \_\_\_\_\_

Telephone Numbers -- Business: \_\_\_\_\_

Residence/Primary: \_\_\_\_\_

*When any excavation is performed, I (the above contractor) will restore all such streets, alleys and avenues to their original condition after repair work or said pipes, main or conduits have been laid or re-laid as the case may be at my exclusive expense and without charge to the Town. If, at the sole discretion of the Mayor and the Town Council, the said streets, alleys and avenues, or other public property, have not been repaired and restored within a time that said Mayor and Town Council deems responsible, then the Town shall repair and restore or cause the same to be repaired and restored, and I will pay the Town for all costs and expenses in repairing and restoring of said streets, alleys, avenues and public property.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Please submit on back or attach the following information (if applicable)**

- 1) Describe other license issued to the contractor by any other subdivision or state within the past eighteen months. Provide certification numbers of any license by the state.
- 2) **Electrical Contractors** must supply a copy of Current Electrical Contracting License.
- 3) Detailed description of all liens, lawsuits and causes of action which have been filed against the contractor or any property upon which the contractor performed any work within the past two years.

**It is the responsibility of the contractor to obtain Certificates of Good Standing from Wyoming Workers' Compensation and Wyoming Unemployment and submit them to the town office along with this completed contractor's application. If you need assistance with this you can call the Workers' Compensation office in Cheyenne, Wyoming at: 307-777-6763, or if you already know your Workers Compensation Policy number, you can go online at <http://cogs.state.wy.us> to have a certificate sent to our office.**

**For first time users, you must provide the following information to establish a login:**

1. **Workers Compensation Policy number (this is your WC employer number and must be 9 digits).**
2. **Federal Tax Identification number.**
3. **Coverage effective date.**

**If you do not know your coverage effective date please contact the Division  
By telephone at 307-777-6763 or by fax at 307-777-5298**

**The application process is an ANNUAL REQUIREMENT of the Town of Lovell.  
There is an application fee of \$100.00**

If you mail in your form, a receipt will be mailed to you. Until you receive your license, please keep your receipt or a copy of it with you so that the Building Inspector can verify your application for license. A signed Contractors license will be mailed to you once your check, application and Certificate of good standing from The State of Wyoming Department of Workforce Services are received.