



1141 State Street, Suite 200 – PO Box 1268 – Bowling Green, KY 42102-1268
Office: (270) 781-3530 / Fax: (270) 781-3481

CONTRACTORS LICENSE APPLICATION

General Contractor (\$250)

- Pulls permits for building or Remodeling
- Construction Management
- Has two subcontractors or more per project

Specialty Contractor (\$100)

- Specializes in a particular trade
- Maximum of one subcontractor per project

License Requirements

- Complete Contractors License Application Form
- Provide Certificate of Insurance *listing the Contractors Licensing Board, PO Box 1268, Bowling Green, KY 42102 as Certificate Holder* showing proof of a minimum of \$100,000 General Liability and Workers Comp coverage (if there are no employees ask for an Affidavit of Exemption form)
- Pay the required fee by check, cash, money order or credit card. Checks or money orders should be made payable to Contractors Licensing Board.
- Please Note if working within the Bowling Green city limits, you are required to obtain a Bowling Green Occupational License. This may be obtained by contacting the Finance Department at the Bowling Green City Hall Annex or by phoning (270) 393-3000.

ATTENTION

The fees for a Bowling Green/Warren County Contractors License are **NON-REFUNDABLE**. Should you be unable to perform work as a General or Specialty Contractor in Bowling Green/Warren County as anticipated or otherwise cease doing business, you will not be entitled to a refund any portion of your license fee. In addition to the Bowling Green/Warren County Contractors License, there may be other local, state, or federal regulations governing your trade or specialty. The Contractors Licensing Board does not warrant that you are otherwise qualified to perform your trade or specialty by the issuance of a license. **Any change in ownership nullifies previous licenses and shall require a new application to be submitted.**



Bowling Green/Warren County Contractors Licensing Board LICENSE APPLICATION FORM

P.O. Box 1268 • 1141 State Street, Suite 200 • Bowling Green, KY 42102-1268
Phone: 270-781-3530 Fax: 270-781-3481

GENERAL CONTRACTOR

SPECIALTY CONTRACTOR

COMPANY NAME _____

SOLE PROPRIETORSHIP

PARTNERSHIP

LLC

CORPORATION

OWNER/PARTNER/CORP OFFICER _____

OWNER/PARTNER/CORP OFFICER _____

OWNER/PARTNER/CORP OFFICER _____

OWNER/PARTNER/CORP OFFICER _____

MAILING ADDRESS _____

STREET

CITY

STATE

ZIP

STREET ADDRESS _____

STREET

CITY

STATE

ZIP

PHONE _____ **SOCIAL SECURITY #** _____

CELL _____ **FEDERAL TAX ID #** _____

FAX _____ **B.G. OCCUPATIONAL #** _____

E-MAIL _____ **W.C. OCCUPATIONAL #** _____

STATE LICENSE NUMBERS (IF APPLICABLE):

KY ELEC MASTER # _____

EXPIRATION DATE _____

KY ELEC CONTRACTOR # _____

EXPIRATION DATE _____

KY PLUMBING MASTER # _____

EXPIRATION DATE _____

KY HVAC MASTER # _____

EXPIRATION DATE _____

KY FIRE PROTECTION # _____

EXPIRATION DATE _____

A CERTIFICATE OF GENERAL LIABILITY INSURANCE LISTING THE BG/WC CONTRACTORS LICENSING BOARD AS CERTIFICATE HOLDER MUST ACCOMPANY THE COMPLETED APPLICATION. WORKERS COMPENSATION INSURANCE MUST BE LISTED ON THE CERTIFICATE COVERING ANY AND ALL EMPLOYEES.

CHECK ALL WHICH DESCRIBE BUSINESS

GENERAL CONTRACTOR CONSTRUCTION MANAGER HOME BUILDER REMODELER SPECIALTY CONTRACTOR

- | | |
|--|---|
| <input type="checkbox"/> ACOUSTICAL TREATMENTS | <input type="checkbox"/> LIQUID HEAT TRANSFER |
| <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> MASONRY |
| <input type="checkbox"/> CARPETING | <input type="checkbox"/> METAL FABRICATIONS |
| <input type="checkbox"/> CERAMIC TILE | <input type="checkbox"/> ORNAMENTAL METALS |
| <input type="checkbox"/> COMMUNICATIONS | <input type="checkbox"/> PAINTER |
| <input type="checkbox"/> CONCRETE | <input type="checkbox"/> PAVING AND SURFACING |
| <input type="checkbox"/> CONVEYING SYSTEMS | <input type="checkbox"/> PLUMBER |
| <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> REFRIGERATION |
| <input type="checkbox"/> DOORS AND WINDOWS | <input type="checkbox"/> RESILIENT FLOORING |
| <input type="checkbox"/> DRYWALLING | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> EARTHWORK | <input type="checkbox"/> SIDING |
| <input type="checkbox"/> ELECTRICIAN | <input type="checkbox"/> SIGNS |
| <input type="checkbox"/> EXCAVATION | <input type="checkbox"/> SITE IMPROVEMENTS |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> SOIL TREATMENT |
| <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> STEEL |
| <input type="checkbox"/> FLOORING | <input type="checkbox"/> SUBSURFACE EXPLORATION |
| <input type="checkbox"/> FRAMING | <input type="checkbox"/> THERMAL AND MOISTURE PROTECTION |
| <input type="checkbox"/> GRADING | <input type="checkbox"/> UTILITY CONTRACTOR |
| <input type="checkbox"/> HANDYMAN | <input type="checkbox"/> WALL COVERINGS |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> WASTE WATER DISPOSAL AND TREATMENT |
| <input type="checkbox"/> INSULATION | <input type="checkbox"/> WINDOW REPLACEMENT |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> WOOD FLOORING |
| <input type="checkbox"/> LIGHTING | <input type="checkbox"/> OTHER _____ |

The undersigned does hereby certify the accuracy of the submitted information.

Signature: X _____ Company Name: _____

Date: _____

NOTICE

No person shall undertake any work as a general contractor or as a specialty contractor without first obtaining a license from the Contractor's Licensing Board. The Board is also authorized to bring necessary legal action, including cease and desist orders, against unlicensed contractors in order to protect the public health, safety and welfare. BG 6-15.09.

In addition to any other penalties provided in this Ordinance, any person found violating this Ordinance may be fined in an amount not to exceed five hundred dollars (\$500.00). In addition, no contract for the performance of any act for which a license is required by this Ordinance shall be enforceable by the general contractor or specialty contractor unless the contractor was properly licensed at the time the work was performed. BG 6-15.10. *ALL LICENSE FEES ARE NON-REFUNDABLE.*

LICENSE NUMBER: _____ VALID FROM _____ TO _____

APPROVED: _____ FEE COLLECTED: _____

DATE RECEIVED: _____ CHECK NO.: _____
