



LICENSE NO: -15

TOWN OF KILLINGLY LICENSE TO PERFORM WORK WITHIN THE PUBLIC STREET

LICENSE Name: _____ Telephone: (____) _____

Address: _____ Cell # _____

City: _____ State: _____ Zip: _____

CT. Contractor's License No.: _____ Fax # _____

EMERGENCY PHONE # _____

EMAIL ADDRESS: _____

COPY OF THE BOND AND INSURANCE CO. MUST BE ACCOMPANIED WITH THIS FORM FOR A NEW OR RENEWAL LICENSE TO BE VALID.

BOND COMPANY Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Bond Amount: _____ Expiration Date: _____

Minimum of \$20,000.00

INSURANCE COMPANY Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Policy Number: _____ Expiration Date: _____

NOTE: THE TOWN SHALL BE NAMED AS AN "ADDITIONAL INSURED" ON THE INSURANCE CERTIFICATE.

This license is issued under the authority of Chapter 13, Article II of the Killingly Code of Ordinances. The licensee hereby agrees to abide by all of the requirements of said Ordinances.

CONTRACTOR SIGNATURE:

DATE:

APPROVED BY:
TOWN MANAGER OR AUTHORIZED AGENT

DATE:

LICENSE EXPIRATION DATE: *December 31, 2015* FEE: \$50.00

CHECK # _____ CASH _____ DATE PAID: _____