

(General Contractor only)

COMPANY NAME _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE(S) _____
(DAY) (EVENING)

EMPLOYER TAX # _____

EMPLOYER FAX # _____

EMAIL ADDRESS: _____

Principals of Firm

1. NAME _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE(S) _____
(DAY) (EVENING)

WORK EXPERIENCE

2. NAME _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE(S) _____
(DAY) (EVENING)

WORK EXPERIENCE

History of Company

1. NUMBER OF YEARS IN BUSINESS _____

2. NUMBER OF EMPLOYEES _____ (If number fluctuates, give average)

3. HAS YOUR CONTRACTOR'S LICENSE EVER BEEN REVOKED? ____ YES ____ NO
IF YES, PROVIDE DETAILS:

4. ARE YOU A MEMBER OF A TRADE OR CIVIC ASSOCIATION? ____ YES ____ NO
IF YES, WHICH ONE(S):

5. HAVE SUBCONTRACTORS, SUPPLIERS, OR CUSTOMERS SUED ANY MEMBERS OF THE
FIRM WITHIN THE PAST 18 MONTHS? ____ YES ____ NO

IF YES, GIVE DETAILS:

6. TYPES AND LIMITS OF INSURANCE:

	POLICY #	LIMITS	CARRIER
PROPERTY DAMAGE			
LIABILITY			
WORKER'S COMPENSATION			

7. CREDIT REFERENCES

SUPPLIER	TYPE OF MATERIALS	TELEPHONE #	CONTACT

8. CUSTOMERS FOR WHOM YOU HAVE COMPLETED SIMILAR WORK DURING THE PAST TWO YEARS:

(NAME) TYPE OF JOB

(ADDRESS) (TELEPHONE #)

(NAME) (TYPE OF JOB)

(ADDRESS) (TELEPHONE #)

9. REFERENCES FROM COMMUNITY DEVELOPMENT PROGRAMS THAT YOU HAVE PERFORMED WORK FOR, IF ANY:

Name _____ Type of Job _____

Address _____ Telephone _____

Name _____ Type of Job _____

Address _____ Telephone _____

10. LICENSE INFORMATION

Please list the following information for the license(s) that you hold

TYPE OF LICENSE	STATE LICENSE	LICENSE NUMBER	EXPIRATION DATE

WE REQUIRE A COPY (FRONT AND BACK) OF YOUR LICENSE(S) TO BE RETURNED WITH YOUR COMPLETED CONTRACTOR APPLICATION.

I CERTIFY THAT ALL INFORMATION IN THIS STATEMENT, AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS STATEMENT, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date

Title

Please return the completed form and attachments to:

Town of Winchendon
Dept. of Planning & Development
109 Front Street
Winchendon, MA 01475

If you have questions regarding this form or the Housing Rehabilitation Program and procedures, please call 978-297-3308 during Town Hall business hours or leave a message. We will return your call as soon as possible.