

CONTRACTOR APPLICATION

Name of City or County You want to Work In: _____

The undersigned contracting firm hereby applies to be placed on the "Acceptable Contractor's Register" maintained by the City/County listed above for work on City/County sponsored projects. Check the type(s) of work that you are interested in bidding on:

_____ Housing Rehabilitation _____ New Housing Construction
_____ Housing Demolition _____ Public Facilities

NAME OF COMPANY _____

OWNER'S NAME _____

SOCIAL SECURITY OR EIN NUMBER _____

ADDRESS _____

PHONE: OFFICE _____ FAX _____

PHONE: HOME _____ Mobile _____

OFFICE HOURS _____ E-Mail _____

HOURS YOU MAY BE CALLED AT HOME _____

TYPE OF BUSINESS:

_____ SOLE PROPRIETOR _____ C-CORPORATION _____ LLC
_____ PARTNERSHIP _____ S-CORPORATION

HOW LONG HAVE YOU BEEN IN THE CONTRACTING BUSINESS? _____

HAVE YOU OR YOUR COMPANY EVER FILED BANKRUPTCY? ___ YES ___ NO

LIST ANY OTHER NAMES YOUR COMPANY CURRENTLY OR FORMERLY HAS OPERATED UNDER: _____

HOW MANY JOBS HAVE YOU COMPLETED AS A GENERAL CONTRACTOR? _____

HOW MANY WORKERS DO YOU EMPLOY OTHER THAN SUBCONTRACTORS? _____

WILL YOU GUARANTEE YOUR WORK FOR ONE YEAR? ___ YES ___ NO

BUSINESS STATUS (Check if applicable)

_____ DBE (Certified Disadvantaged Business Enterprise)
_____ WBE (Women Owned Business) _____ MBE (Minority Owned Business)

IS YOUR FIRM A CERTIFIED EPA LEAD PAINT RENOVATOR FIRM? ___ YES ___ NO

DO CARRY BODILY INJURY AND PROPERTY DAMAGE INSURANCE? _____

DO YOU CARRY WORKMAN'S COMPENSATION INSURANCE? _____

ATTACH COPIES OF CERTIFICATES OF INSURANCE TO THIS APPLICATION

LIST SUPPLIERS STARTING WITH LARGEST VOLUME CREDIT ACCOUNT:

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

LIST FINANCIAL INSTITUTION (BANKS, SAVINGS & LOANS, ETC.) WITH WHICH YOU HAVE A BUSINESS CHECKING ACCOUNT:

NAME: _____ PHONE: _____

ADDRESS: _____

LIST THREE MOST RECENT JOBS COMPLETED:

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

I hereby certify that the above information is correct and authorize the City/County or its representatives to verify information from any available source in relation to my past experience. I also agree that if work performed or contract relations between the contractor, owner or other parties is found to be unsatisfactory, the City/County may remove our name from the approved list. The Contractor agrees to guarantee all work for one year from completion of the job against defects of problems arising from said work.

DATE

COMPANY

AUTHORIZED SIGNATURE & TITLE

Please return completed form to: Kriss Lowry & Associates, Inc., 227 S. Rays Fork Rd., Corinth KY 41010-3027 Phone: (502) 857-2800 Fax:(502) 857-2401