

\$25.00 FEE MUST ACCOMPANY THIS APPLICATION

For Office Use Only

Application No.: _____ Application Date: _____ Date Licensed: _____

HOME IMPROVEMENT LICENSE APPLICATION — CONTRACTOR

Applicant's Name _____ Specific type of work _____

Home address _____ Home Phone No. _____

Length of residence at present address _____

Trade Name of Business (for this license) _____

If fictitious or assumed trade name is used, answer the following questions:

A. Place of Registration _____

B. Date of Registration _____

C. Note any change in name of individual or of partners occurring since this Registration:

Address of main place of business _____

Length of occupancy at this address _____ Business Phone No. _____

Address of local place of business _____

Length of occupancy at this address _____

If present occupancy of home is less than three years, state address for preceding three years prior to date of this application:

This application is for the license of (check one, and complete information where applicable):

Individual Partnership Corporation

Partner _____ President _____

Partner _____ Vice President _____

Partner _____ Treasurer _____

Partner _____ Secretary _____

Person charged with the responsibility of compliance with the Home Improvement Code and Basic Building Code:

Name _____ Title _____

If corporation, State of Incorporation _____ Date _____

If out of state, list date of registration with Virginia State Corporation Commission _____

(All out of state corporations must be registered in Virginia)

Name and address of registered Representative in the State of Virginia _____

Is applicant 21 years of age or over? Yes No Social Security Number _____

Date of applicant's birth _____

Place of birth _____

If partnership, are all partners over 21 years of age? Yes No

Has applicant as an individual, or if partnership or corporation, have any of its partners or corporate officers, to the knowledge of the applicant, ever been arrested or formally charged with any offense other than a traffic violation? Yes No

If answer is "Yes," state full details, giving all facts, dates and locality _____

Locality where presently licenses as a home improvement contractor _____

Prior to this date, has home improvement license ever been revoked or suspended at any time (locality and details)?

For what length of time has applicant been engaged in the home improvement business, as a contractor? _____

In what type of business was applicant engaged prior to the home improvement business? _____

Where was your Virginia General Contractors License purchased? _____

List any special qualifications you have (i.e., Architectural, Electrical, Plumbing, etc.): _____

Does applicant hold a license with any Governmental Agency relative to the operation of the construction business other than the home improvement business? Yes No

If yes, list localities _____

Give names and *complete mailing addresses* of two persons, individuals, companies or corporations having knowledge of your ability to perform the work specified on application:

- 1. Name _____
Complete mailing address _____
- 2. Name _____
Complete mailing address _____

Give names and *complete mailing addresses* of three persons, individuals, companies or corporations having knowledge of your credit status, and responsibility:

- 1. Name _____
Complete mailing address _____
- 2. Name _____
Complete mailing address _____
- 3. Name _____
Complete mailing address _____

Has applicant as individual, if partnership have any partners, or if corporation have any officers ever been adjudged a bankrupt?
Yes No

If answer is "Yes," complete the following information:

State Court having jurisdiction _____
City/County _____ State _____ Date of Discharge _____

SUBMIT EVIDENCE WITH THIS APPLICATION OF HOLDING PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE NOT TO BE CANCELABLE UNTIL 30 DAYS AFTER NOTICE TO INSPECTION SERVICES DIVISION. IT SHALL BE A MINIMUM LIMIT OF \$10,000 PROPERTY DAMAGE AND \$50,000 FOR BODILY INJURY OR DEATH OF ANY ONE PERSON IN ANY ONE OCCURRENCE, \$100,000 IN THE AGGREGATE FOR MORE THAN ONE PERSON IN ANY ONE OCCURRENCE.

PERMISSION IS HEREBY GRANTED THE CHIEF OF THE BUILDING DIVISION, COUNTY OF ARLINGTON, VIRGINIA, TO OBTAIN FROM THE AFOREMENTIONED CREDITORS, ANY CREDIT INFORMATION NECESSARY TO THE PROCESSING OF MY REQUEST FOR A HOME IMPROVEMENT CONTRACTOR'S LICENSE.

THE AFOREMENTIONED CREDITORS ARE AUTHORIZED TO FURNISH ANY INFORMATION, IN REGARDS TO MY CREDIT STATUS THAT MAY BE REQUESTED BY THE CHIEF OF THE BUILDING DIVISION, COUNTY OF ARLINGTON, VIRGINIA.

I, THE UNDERSIGNED, HEREBY CERTIFY THAT ALL OF THE ANSWERS GIVEN TO THE AFOREMENTIONED QUESTIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

TRADE NAME OF BUSINESS

By _____
APPLICANT

Sworn and subscribed to me this _____ day of _____, 19____

NOTARY PUBLIC

MY COMMISSION EXPIRES