



FOR OFFICE USE ONLY		
Rqst _____	Rc'd _____	Reviewed _____
Approved _____/by: _____		
rev. 06/2023		

**COMMUNITY DEVELOPMENT
CONTRACTOR APPLICATION UPDATE**

DATE: _____

COMPANY INFORMATION			
BUSINESS NAME			FEDERAL TAX ID
BUSINESS ADDRESS			STATE CONTRACTORS LICENSE #
MAILING ADDRESS			CITY BUSINESS LICENSE #
CITY	STATE	ZIP CODE	
TELEPHONE ()	FAX ()	MOBILE/CELL TELEPHONE ()	
EMAIL ADDRESS			

PLEASE PRINT OR TYPE

BUSINESS TYPE		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation

COMPANY OWNERSHIP

PLEASE LIST ALL OWNERS, PARTNERS AND STOCKHOLDERS (USE ADDITIONAL SHEET IF NECESSARY)

COMPLETE NAME	ADDRESS	CITY/STATE/ZIP	ETHNICITY <small>(This information is for federal reporting purposes only)</small>
			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indi <input type="checkbox"/> Other (LIST): <input type="checkbox"/> Prefer not to answer _____
			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indi <input type="checkbox"/> Other (LIST): <input type="checkbox"/> Prefer not to answer _____
			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indi <input type="checkbox"/> Other (LIST): <input type="checkbox"/> Prefer not to answer _____
			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indi <input type="checkbox"/> Other (LIST): <input type="checkbox"/> Prefer not to answer _____

DESCRIPTION OF SERVICES	

INSURANCE COVERAGE

LIABILITY INSURANCE - COMPANY NAME			WORKMAN'S COMPENSATION - COMPANY NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
TELEPHONE ()			TELEPHONE ()		

SUPPLIERS

COMPANY NAME	BUSINESS ADDRESS	TELEPHONE

SUBCONTRACTORS

COMPANY NAME	BUSINESS ADDRESS	TELEPHONE

PROVIDE NAME, ADDRESS AND PHONE # OF 3 CLIENTS

AUTHORIZATION AND ACKNOWLEDGEMENT

I agree if this application should be approved and my name is placed on the Contractor Register, I shall:

Use approved contract forms as furnished;

Perform all work in accordance with applicable code standards;

Be subject to removal from Register for unsatisfactory performance;

Continue to carry Liability and Workman's Compensation insurance;

Abide by Equal Opportunity provisions of the Civil Rights Act.

Signed: _____ Title: _____

Company: _____ Date: _____

For and in consideration of being considered for placement on the register maintained by the City of Gastonia Contractors eligible for construction projects, I authorize the City of Gastonia to conduct a check on my business's credit for the sole purpose of determining if my business is eligible for such a Contract. This check will include, among other things, contact with suppliers and subcontractors with whom my company has done business. The Credit Bureau may also be consulted in this check.

(General Partner, if a partnership)

(If an individualis in business for himself)

(Registered Agent, if a corporation)