



# APPLICATION FOR CONTRACTORS REGISTRATION

**OFFICE USE ONLY**

Regist. # \_\_\_\_\_

Amt. Paid: \_\_\_\_\_

Cash  Check  Ck# \_\_\_\_\_

Credit/Debit

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_

Office Location / Mailing Address: 200 N. Lake Drive  
Prestonsburg, KY 41653

Phone: (606) 886-2335  
 Fax: (606) 886-0563  
 E-mail: 211@prestonsburgfire.com

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Additional Business Name (must possess the same taxpayer identification as above business): \_\_\_\_\_

Additional Business Name (must possess the same taxpayer identification as above business): \_\_\_\_\_

Business Address:	City:	State:	Zip:	Business Phone:
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**REGISTRATION TYPE**

GENERAL CONTRACTOR – Performs commercial, industrial, public works, and/or residential construction of larger than 4-family homes (4-plex); and may supervise, arrange and/or perform partly or completely more than two unrelated building trades or crafts.

GENERAL CONTRACTOR , RESIDENTIAL ONLY – Constructs up to 4-family homes (4-plex), or performs home remodeling and may supervise, arrange, and/or perform partly or completely more than two unrelated trades or crafts.

SPECIALY CONTRACTOR - Specializes in two or fewer unrelated building trades or crafts.

**SPECIALTY CONTRACTORS – SLECT TRADES OR CRAFTS THAT YOU PERFORM : (IF APPLYING FOR A SPECIALY ONLY CONTRACTOR SLECT MAXIMUM OF 2)**

Alarm / Security  
  Doors/Windows  
  Flooring  
  Painting  
  Signage  
  Trim Carpentry  
  Dry walling  
  Other : (list below) \_\_\_\_\_  
 Framing  
  Paving / Surfacing  
  Sprinkler Systems  
  Carpeting  
  Electrical  
  Guttering  
  Plumbing \_\_\_\_\_  
 Title  
  Concrete/Masonry  
  Excavation  
  HVAC  
  Refrigeration  
  Wall Coverings  
  Fencing \_\_\_\_\_  
 Insulation  
  Roofing  
  Demolition  
  Fire Protection  
  Landscaping  
  Siding \_\_\_\_\_

**LIST CURRENT KENTUCKY STATE LICENSES HELD FOR THE TRADES YOU PERFORM i.e., HVAC, Electrical, Plumbing, Fire Alarm and so forth (Attach copy of license)**

Type of License	License No:	Expiration Date:
Type of License	License No:	Expiration Date:
Type of License	License No:	Expiration Date:
Type of License	License No:	Expiration Date:

**Complete only the section that applies to your business – Individual, Partnership, Or Corporation**

<b>INDIVIDUAL</b>				
Owner Name:	Social Security Number or Taxpayer ID No:			
Residence Address:	City:	State	Zip:	Business Phone:
Manager / person responsible if different from individual owner:				
Residence Address:	City:	State	ZIP	Business Phone:

<b>PARTNERSHIP (If more than 2 partners, attach additional)</b>				
Partner Name:	Social Security Number or Taxpayer ID No:			
Residence Address:	City:	State	Zip:	Business Phone:
Partner Name:	Social Security Number or Taxpayer ID No:			
Residence Address:	City:	State	ZIP	Business Phone:
Manager / person responsible if different from partners:				
Residence Address:	City	State	ZIP	Business Phone:

<b>CORPORATION (Attach additional sheet if more than 4 officers)</b>		Federal Identification No.:		
Officer Name:	Title:			
Residence Address:	City:	State	Zip:	Business Phone:
Officer Name:	Title:			
Residence Address:	City:	State	ZIP	Business Phone:
Officer Name:	Title:			
Residence Address:	City	State	ZIP	Business Phone:
Officer Name:	Title:			
Residence Address	City:	State:	ZIP	Business Phone:
Manager / person responsible if different from officers:				
Residence Address	City:	State	ZIP:	Business Phone:

**LIABILITY AND WORKERS' COMPENSATION INSURANCE REQUIREMENTS**

(Certificates must be attached or Faxed to us from the insurance agent listing City of Prestonsburg as a certificate holder)

REGISTRATION TYPE	Premises and Products and Completed Operations Liability Insurance Coverage	Workers' Compensation
General Contractor	\$500,000 coverage each occurrence	Certificate or Affidavit of Exemption
General Contractor, Residential Only	\$250,000 coverage each occurrence	Certificate or Affidavit of Exemption
Specialty Contractor	\$100,000 coverage each occurrence	Certificate or Affidavit of Exemption

**AFFIDAVIT OF EXEMPTION FROM KENTUCKY WORKERS' COMPENSATION ACT**

(Complete applicable section, Individual or Corporation / Partnership)

**INDIVIDUAL**

Applicant, pursuant to KRS 342.610(5), hereby declares exemption from the requirement to obtain worker's compensation insurance coverage as set forth in KRS 342.340. In support of this claim to exemption, applicant states that the following are true and correct:

**CORPORATION or PARTNERSHIP**

Applicant, pursuant to KRS 342.610(5), hereby declares exemption from the requirement to obtain worker's compensation insurance coverage as set forth in KRS 342.340. In support of this claim to exemption, applicant states that the following are true and correct:

**CERTIFICATION OF CURRENT BUSINESS (OCCUPANCIAL TAX) LICENSE**

I certify, by my signature on this application, that I have a current tax account with the City of Prestonsburg and I file quarterly with the City Clerk and pay withholdings of 1.5% of all wages of all workers employed by me/us; or I understand that I must pay 1.5% of the labor rate at time of permitting for any work requiring a permit.

**NOTE: If you do not have a current city tax account and choose to withhold and pay quarterly, contact the City Clerk at (606) 886-2335.**

**REQUIRED FEE (Enclose check or money order made payable to City of Prestonsburg)**

NOTE CASH or CREDIT/DEBT Cards will only be accepted in person

	Initial Fee	+	Annual Fee	=	Total Fee
General Contractor	\$25.00	+	\$50.00	=	\$75.00
General Contractor, Residential Only	\$25.00	+	\$25.00	=	\$50.00
Specialty Contractor*	\$25.00	+	\$25.00	=	\$50.00

\* Any specialty contractor registering to perform plumbing, HVAC, or electrical work solely and holding the required Kentucky license shall be exempt from the registration Initial fee for these trades.

My signature indicates that all information contained herein is complete and accurate.

\_\_\_\_\_  
Signature of applicant if individual; majority partner if partnership; chief officer if corporation; manager or member if LLC

\_\_\_\_\_  
DATE

The above was acknowledged and sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
State At Large

My commission expires \_\_\_\_\_, 20\_\_\_\_\_