

**FLAT TOP LAKE ASSOCIATION
CONTRACTOR GATE CARD APPLICATION
- LICENSED CONTRACTOR -**

THIS APPLICATION FORM IS TO BE COMPLETED ENTIRELY AND SUBMITTED WITH REQUESTED DOCUMENTATION OF INSURANCE AND LICENSES TO BE REVIEWED AND APPROVED.

NAME OF COMPANY: _____

NAME OF OWNER(S): _____

ADDRESS: _____ STATE: _____ ZIP: _____

PHONE NUMBERS: OFFICE: _____ CELL #: _____

NUMBER OF YEARS IN BUSINESS: _____ DATE ESTABLISHED: _____

WV CONTRACTOR'S LICENSE NO. _____ (ATTACH COPY)

WV WORKER'S COMPENSATION ACCNT # _____ (ATTACH COPY)

AUTO & LIABILITY INS CERTIFICATES — NAME OF AGENT: _____ (ATTACH COPY)

NAME OF MEMBER(S) WORKING FOR: _____

PROJECT DESCRIPTION: _____

I HEREBY AGREE THAT MYSELF & EMPLOYEES WILL COMPLY WITH ALL POSTED FLAT TOP LAKE RULES AND ONLY USE GATE CARD FOR ACCESS TO WORK ON LISTED COMPANY PROJECTS.

SIGNED: _____ TITLE: _____

DATE: _____ 202__ Cost of Card: \$ _____ Rec'd _____

OFFICE USE: DATE CARD ISSUED: _____ CARD #'S: _____

This application for a Contractor gate card was reviewed by the Employment and Security Committee and such request is:

Approved: _____ For _____ Months or Date _____ Denied: _____

Comment: _____

Chairman/member of Employment and Security Committee

Date