

APPLICATION FOR CONTRACTOR REGISTRATION

Date Applied: _____ Present Registration No. _____

BUSINESS INFORMATION:

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: (____) _____ Fax: (____) _____ Cell: (____) _____

Business Type: _____

OWNER INFORMATION:

Owner's Name: _____ Phone No. (____) _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

STATE LICENSE NUMBERS (IF APPLICABLE):

Plumber's License Number: _____ Exp. Date: _____
(If applicable, copy of license)

Roofer's License Number: _____ Exp. Date: _____

LIABILITY INSURANCE:

Insurance Company: _____

Policy No. _____ Exp. Date: _____

Bond Company: _____ Exp. Date: _____

Bond No. _____ Exp. Date: _____

NOTE: Failure to comply with this Ordinance or any misrepresentation or classification of this application may result in penalties as described by Code.

Signature of Applicant: _____

SUBMIT THE FOLLOWING:

1. Surety Bond
2. Certificate of Insurance
3. Proof of Workers Compensation Insurance
4. Completed Application Form
5. General Fee - \$200.00 --- Sub Contactor Fee - \$100.00

-----**FOR OFFICE USE ONLY**-----

REGISTRATION NO: _____ ISSUED BY: _____

DATE ISSUED: _____

