

**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 \$10,000.00 /\$20,000.00
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: \_\_\_\_\_