

Contractor Registration Application



Business Information

Business Name:		Owner's Name:
Business Address:		Office Phone:
City/State:	Zip:	Fax:
Email Address:		Cell Phone:

Contractor Information

License Holder:		
*The license holder will be held responsible for seeing that all work being performed under this registration is completed and in compliance with City codes and ordinances.		
Sec. 1.13.007 A valid certificate of insurance shall be attached to the application issued by a company authorized to conduct business in the state, naming the city and its agents, officers, elected officials, employees and assigns, as additional insured, in the amount not less than \$1,000,000.00 general liability, including bodily injury and property damage with \$5,00,000.00 umbrella.		
State, Trade, or Master License # (if applicable):		
Address:	License Exp. Date:	
City/State/Zip:	Phone #	
Email:	Fax	

COLOR COPIES OF CONTRACTOR'S DRIVERS LICENSE AND TRADE LICENSE ARE REQUIRED

Contractor Classification

Backflow Tester: <input type="checkbox"/> (General) <input type="checkbox"/> (Fire)	<input type="checkbox"/> General Contractor
Electrician: <input type="checkbox"/> (Master) <input type="checkbox"/> (Journeyman)	<input type="checkbox"/> Concrete
Sign: <input type="checkbox"/> Contractor <input type="checkbox"/> Master Sign Electrician	<input type="checkbox"/> Fence
<input type="checkbox"/> HVAC/Mechanical	<input type="checkbox"/> Pool
<input type="checkbox"/> Plumber (Master)	<input type="checkbox"/> Roofer
<input type="checkbox"/> Energy Inspector	<input type="checkbox"/> Other:

Responsible Parties

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFIED INFORMATION MAY RESULT IN THE REVOCATION OF MY CONTRACTOR REGISTRATION AND THE ISSUANCE OF MUNICIPAL CITATIONS. (INCOMPLETE APPLICATION MAY NOT BE ACCEPTED).

Responsible Individual:	Signature:
Contact Phone Number:	Email Address: