



## **CONTRACTOR LICENSE APPLICATION**

Please provide Insurance and Proof of License (state, county or city certification) \$100 permit fee must accompany this application

General Information (Please Print):	
Company Name	Date
Owner/President	
Physical Address	
Mailing Address (if different)	
Local Business Phone	Cell Phone
Federal Tax ID #	
Liability Insurance Company	
Types of licenses held by contractor:	License Number:
Excise Tax License Number:	
	Contractor License Fees:
I certify the above information is true and correct:	□ New License \$100 □ Annual Renewal \$100
Contractor Signature	Date
FOR OFFICE	EUSE ONLY
Paid: 🗖 Yes 🗖 No	Amount Paid \$100.00
Date Paid	Payment Type: 🗖 Cash 🔲 Check 🔲 Credit Card
Date issued	Issued by: