

APPLICATION AND RENEWAL CONTRACTOR'S LICENSE

DATE: _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE NUMBER: _____

CELL PHONE _____ FAX: _____

TYPE OF CONTRACTOR: _____

YEARS OF EXPERIENCE _____

EXPERIENCE RECORD

NAME (CONTRACTOR)	ADDRESS	PHONE	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, THE UNDERSIGNED, HEREBY DEPOSE AND SAY THAT ALL THE STATEMENTS ON THIS APPLICATION ARE TRUE. I WILL BE RESPONSIBLE FOR COMPLIANCE WITH ALL ORDINANCES AND LAWS IN EFFECT GOVERNING WORK PERFORMED UNDER PERMITS ISSUED BY THE CITY

(SIGNATURE OF APPLICANT)

Submit