



CONTRACTOR REGISTRATION FORM

Building Inspections Dept.

COMPANY NAME: _____

NAME OF CONTRACTOR: _____

REGISTER FOR (TRADE): _____
(General, Electrical, Mechanical, Plumbing, Etc.)

MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE NUMBER (WORK): _____ (FAX): _____
(MOBILE): _____ (E-MAIL): _____

RESPONSIBLE PERSON: _____ TITLE: _____

IF APPLICABLE PLEASE PROVIDE LICENSE NUMBER: _____

OTHER LICENSES: _____

I hereby state that the above information is true and correct. I understand that this registration is a matter of public record and the information contained herein will be available to the public. I understand and agree that failure to provide requested information or providing false information in this registration form can result in denial, suspension or cancellation of registration. I further understand and agree that revocation, suspension or denial of my state or other applicable license will result in the automatic denial, suspension or revocation of this registration. I have read city ordinance No. 91-8 and understand and agree to the causes for denial, suspension or revocation of this registration stated therein.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

THE UN-REFUNDABLE REGISTRATION FEE IS \$100.00.