

CONTRACTOR REGISTRATION FORM

(This form shall be used by all contractors doing work in the City of Holland.)

Company Name: _____

Licensee Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

E-mail Address(s): _____

Phone(s): _____ Fax: _____

<u>Federal Employer ID (or exemption):</u>	<u>Workers Comp Carrier (or exemption):</u>	<u>MESC (or exemption):</u>

<u>License Type</u>	<u>Master License #</u>	<u>Contractor License #</u>	<u>Expiration Date</u>
Electrical			
Mechanical			
Plumbing			
Residential Builder			
Maintenance / Alterat.			
Sign Specialty			
Non-Licensed Contr.	N/A	N/A	N/A

Please include a copy of your contractor's license(s).

By signing below, I agree to the following:

- The information provided on this form is true to the best of my knowledge;
- Permit applications will be submitted for work that requires a permit, per State Law;
- I will not begin work until I pay for my permit & receiving my permit documents;
- Inspections will be requested in a timely manner, with a minimum of 24 hours notice.

Signature of Applicant _____ Printed Name _____ Date _____