



CONTRACTOR REGISTRATION

Business Name _____

Address _____

City _____ ST _____ ZIP _____

Phone _____ Fax _____

E-Mail _____

Personnel Authorized to Obtain Permits:

Name Title

Name Title

Signature of Owner or Authorized Personnel Date

TYPE:

General

Plumbing

Electrical

HVAC

Mechanical

Irrigation

Backflow Test

Fence

License Number (Copy Required)

[THIS SECTION TO BE COMPLETED BY CITY PERSONNEL]

Date Paid _____

Amount Received _____

Received by _____

Registration will expire on _____
(Two years from application date.)

FEE IS \$50.00

Registration is valid for two years. You will be listed on the contractor's active registration list posted in the City Hall lobby. You may place your business cards on the bulletin board.