



COMMERCIAL CONTRACTOR REGISTRATION

Reg. #

Reviewed By _____
Police Dept.

Date _____

REQUIREMENTS

\$40.00 Registration Fee
Driver's License (**faxed** copy must be legible)
Certificate of Insurance

Check one below:

- | | |
|--|--|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Sub Contractor |
| <input type="checkbox"/> Pool Contractor | <input type="checkbox"/> Sign Contractor |
| <input type="checkbox"/> Roofing/Siding Contractor | <input type="checkbox"/> Demolition Contractor |
| <input type="checkbox"/> Masonry Contractor | <input type="checkbox"/> Other _____ |

Federal Employment I.D. Number _____

Check one: Individual () Partnership () Corporation ()

Name (Individual or Company) _____

Address _____ Town _____ Zip _____

Telephone (required) _____

I certify my understanding of the provisions under which this license is granted and that all statements made above are true.

Signature of Applicant Title _____ Date _____