

CONTRACTOR REGISTRATION

CITY OF FERRYSBURG

Type of Registration: () BUILDER () ELECTRICAL () PLUMBING () MECHANICAL

NAME OF COMPANY _____

ADDRESS OF COMPANY _____

COMPANY PHONE NUMBER _____ FAX NUMBER _____

CONTRACTORS LICENSE NUMBER _____ EXPIRATION DATE _____

PLEASE FURNISH A COPY OF YOUR LICENSE WHEN REGISTERING.

OWNER'S NAME _____

OWNER'S ADDRESS _____

OWNER'S BIRTHDATE _____

FEDERAL ID NUMBER OR EXEMPTION _____

WORKERS COMPENSATION INS. CARRIER OR EXEMPTION _____

MESC NUMBER OR EXEMPTION _____

NAMES OF OTHER PERSONS THAT WILL BE ALLOWED TO SIGN YOUR PERMITS:

1. _____ 2. _____

3. _____ 4. _____

DATE _____ SIGNATURE _____

PLEASE RETURN THE COMPLETED FORM TO: City of Ferrysburg
P.O. Box 38
Ferrysburg, MI 49409-0038
Fax # 616-844-0200