



City of Mt. Pleasant
Department of Building Safety
320 W. Broadway
(989) 779-5302

CONTRACTOR INFORMATION

COMPANY/CONTRACTOR		
Company Name (or DBA):		
County Where Registered:		
Company Owner or Corporation President:		
Additional Company Rep. Name/Corp. Officers:		
Street Address:		
City:	State:	Zip Code:
Telephone:	Mobile Phone:	
E-Mail Address:	Company Website (if applicable) :	
LICENSE INFORMATION		
State of Michigan License No:		License Expiration Date:
Type of License:	License Issued To:	
Name(s) of Licensed Salespeople or Corporation Officers:		
License Holder/President Date of Birth:		
Driver License #:		
INSURANCE INFORMATION		
*Workman's Comp. Carrier:		
Workman's Comp. Insurance Expiration Date:		
*Liability Insurance Carrier:		
Liability Insurance Expiration Date:		
IRS Employer ID #:	MESC Employer #:	
*Please provide a certificate of insurance from your carrier. Fax Acceptable: (989) 773-6791		
Signature:		
Print Name:		
Date:		

FOR OFFICE USE ONLY:

STATE LICENSE VERIFIED (DATE) _____

