



CITY OF MT. PLEASANT
DEPARTMENT OF BUILDING SAFETY

CONTRACTOR INFORMATION

COMPANY NAME (DBA): _____ COUNTY WHERE REGISTERED _____

COMPANY OWNER NAME OR CORPORATION PRESIDENT: _____

ADDITIONAL COMPANY REP. NAME/CORP. OFFICERS: _____

STREET ADDRESS (Required): _____ P.O. BOX # (If applicable): _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____ FAX: _____

MOBILE PHONE: _____ PAGER: _____

E-MAIL ADDRESS (Optional): _____ COMPANY WEBSITE ADDRESS (Optional): _____

STATE OF MICHIGAN LICENSE #: _____ 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 #: _____

WORKMAN'S COMP. CARRIER: _____

Workman's Comp. Insurance Expiration Date*: _____

LIABILITY INSURANCE CARRIER: _____

Liability Insurance Expiration Date*: _____

IRS EMPLOYER ID #: _____ MESC EMPLOYER #: _____

SIGNATURE: _____ DATE: _____

*Please provide a certificate of insurance from your carrier. Fax acceptable. City Fax #: (989) 773-6791.

FOR OFFICE USE ONLY:

CITY ID # ASSIGNED: _____ STATE LICENSE VERIFIED(Date): _____