



# APPLICATION AND RENEWAL CONTRACTOR'S LICENSE

DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF CONTRACTOR: \_\_\_\_\_

YEARS OF EXPERIENCE \_\_\_\_\_

## EXPERIENCE RECORD

NAME (CONTRACTOR)	ADDRESS	PHONE	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, THE UNDERSIGNED, HEREBY DEPOSE AND SAY THAT ALL THE STATEMENTS ON THIS APPLICATION ARE TRUE. I WILL BE RESPONSIBLE FOR COMPLIANCE WITH ALL ORDINANCES AND LAWS IN EFFECT GOVERNING WORK PERFORMED UNDER PERMITS ISSUED BY THE CITY OF MISHAWAKA.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)