



**Building Inspections Department**  
**CONTRACTOR REGISTRATION**  
**FORM**

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

NAME OF CONTRACTOR: \_\_\_\_\_

REGISTER FOR (TRADE): \_\_\_\_\_  
(General, Electrical, Mechanical, Plumbing, Etc.)

MAILING ADDRESS: \_\_\_\_\_

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

TELEPHONE NUMBER (WORK): \_\_\_\_\_ (FAX): \_\_\_\_\_  
(MOBILE): \_\_\_\_\_ (E-MAIL): \_\_\_\_\_

RESPONSIBLE PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

IF APPLICABLE PLEASE PROVIDE LICENSE NUMBER: \_\_\_\_\_

OTHER LICENSES: \_\_\_\_\_

**I hereby state that the above information is true and correct. I understand that this registration is a matter of public record and the information contained herein will be available to the public. I understand and agree that failure to provide requested information or providing false information in this registration form can result in denial, suspension or cancellation of registration. I further understand and agree that revocation, suspension or denial of my state or other applicable license will result in the automatic denial, suspension or revocation of this registration. I have read city ordinance No. 103-3 and understand and agree to the causes for denial, suspension or revocation of this registration stated therein.**

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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

**THE UN-REFUNDABLE REGISTRATION FEE IS \$100.00**