

CONTRACTOR REGISTRATION

City of Grand Haven, 11 N. Sixth Street, Grand Haven, MI 49417
Phone: (616) 847-3490 Fax: (616) 844-2051 Website: www.grandhaven.org

THIS FORM MUST BE COMPLETELY FILLED OUT

CHECK TYPE OF REGISTRATION: *BUILDER* *ELECTRICAL* *MECHANICAL*

NAME OF COMPANY _____

COMPLETE ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

COMPANY E-MAIL ADDRESS (OPTIONAL) _____

OWNERS NAME _____

OWNERS ADDRESS _____

OWNERS BIRTH DATE _____

EMERGENCY CONTACT: NAME _____ PHONE # _____

FEDERAL ID NUMBER OR EXEMPTION _____

WORKERS COMPENSATION INS. CARRIER NAME OR EXEMPTION _____

MESC NUMBER OR EXEMPTION _____

NAMES OF OTHERS THAT WILL BE ALLOWED TO SIGN PERMIT APPLICATIONS

1 _____ 2 _____

3 _____ 4 _____

SIGNATURE _____

TITLE _____ DATE _____

****PLEASE ALSO SEND A COPY OF YOUR CONTRACTOR LICENSE****

