

# Contractor Registration Form

## CITY OF BROWNSBORO

<b>Type of Contractor or License:</b> <i>(Please Check One)</i>	<input type="checkbox"/> Electrical Contractor  <input type="checkbox"/> General Contractor  <input type="checkbox"/> Irrigation  <input type="checkbox"/> Mechanical Contractor	<input type="checkbox"/> Plumbing Contractor  <input type="checkbox"/> Pool Contractor  <input type="checkbox"/> Sign Contractor  <input type="checkbox"/> Other (specify)
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### General Information

Business Name:	
Permit Coordinator Contact Name:	
Mailing Address:	
City, State, Zip:	
Office Phone:	Mobile Phone:
Email:	

### License Holder's Information *(General Contractors Skip this Section)* Attach a photo copy of your current ID

License Holder:	Mobile Phone:
Email:	
State License #:	Expiration Date:     /     /
State ID/License #:	Expiration Date:     /     /
Other #:	Expiration Date:     /     /

License Holders Signature:	Date:     /     /
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