



## Builder/Contractor Registration Application

**CONTRACTOR LICENSING IS REQUIRED BY THE CITY OF MARSHALL CODE OF ORDICANCES CHAPTER 7 SECTION 7.2. PLEASE CONTACT THE CITY OF MARSHALL BUILDING INSPECTION DIVISION IF YOU NEED ASSISTANCE.**

### APPLICANT'S RESIDENTIAL INFORMATION

Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ HOME# CELL#

### APPLICANT'S BUSINESS INFORMATION

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date Established: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ OFFICE CELL#  
Fed Tax Id #: \_\_\_\_\_

**BUSINESS TYPE:** [ ] Corporation [ ] Partnership [ ] Proprietorship [ ] Individual  
LIST ALL INDIVIDUALS WHO OWN 10% OR MORE OF COMPANY:

1) \_\_\_\_\_ 2) \_\_\_\_\_

If in business under a different name in the last 5 years, please indicate:  
\_\_\_\_\_

SPECIALTIES: Renovations  Custom Homes  Roofing  Luxury  Commercial

Energy Efficient Homes  Vacation Homes  Multi family or Duplex  Other

### INSURANCE:

General Liability Insurance

Carrier \_\_\_\_\_ Phone \_\_\_\_\_

Agent \_\_\_\_\_ Policy # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Coverage Amount \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

New [ ] Renew [ ] Expiration Date \_\_\_\_\_  
Registration Fee \$200.00 Cash [ ] Check [ ] Receipt # \_\_\_\_\_