



PLUMBING CONTRACTOR REGISTRATION

CONTRACTOR LICENSING IS REQUIRED BY THE CITY OF MARSHALL CODE OF ORDINANCES 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 _____ St _____ Zip _____
Mailing Address: _____ City _____ St _____ Zip _____
Phone: _____ HOME# CELL#

APPLICANT'S BUSINESS INFORMATION

Business Name: _____
Business Address: _____ City _____ St _____ Zip _____
Date Established: _____ Years in Business: _____
Fax: _____ E-mail Address: _____
Phone: _____ OFFICE CELL#
State Contractor's License # _____ Fed Tax Id # _____

PERSONNEL AUTHORIZED TO SIGN PERMITS ON THE BEHALF OF THE RESPONSIBLE LICENSE HOLDER. RESPONSIBLE LICENSE HOLDER SHALL BE LISTED FIRST. PLEASE LIMIT ADDITIONAL PERSONNEL. ALL INFORMATION MUST BE COMPLETE.

1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

License holder is responsible for adding & removing authorized personnel to this list who are authorized to sign for permits.

INSURANCE:

General Liability Insurance

Carrier _____ Phone _____

Agent _____ Policy # _____

Exp. Date _____ Coverage Amount _____

Signature

Date

New [] Renew [] Expiration Date _____