



## IRRIGATION 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# \_\_\_\_\_  
Irrigation License # \_\_\_\_\_ Fed Tax Id # \_\_\_\_\_

PERSONNEL AUTHORIZED TO SIGN PERMITS ON THE BEHALF OF THE RESPONSIBLE LICENSSE 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 \_\_\_\_\_