

Contractor Registration Form

CITY OF BROWNSBORO

Type of Contractor or License:
(Please Check One)

- | | |
|--|--|
| <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> Plumbing Contractor |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Pool Contractor |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Sign Contractor |
| <input type="checkbox"/> Mechanical Contractor | <input type="checkbox"/> Other (specify) |

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: / /