



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 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 _____