Supervisor:
 989-684-8931

 Clerk:
 989-684-8041

 Treasurer:
 989-684-8531

 Fire Dept.
 989-684-8504



Assessor: 989-684-7100 Inspection: 989-684-5427 Enforcement: 989-684-9700 Fax: 989-684-5644

## CONTRACTOR'S REGISTRATION FORM

Company Name: (DBA)		Application Date:
Contractor's Name:		
Street Address:		
City:	State:	Zip Code:
Telephone Number:	Mobile #:	
E-mail Address:		
Type of License:	_	
License Number:	_	
Expiration Date:	_	
Federal Employer I.D. Number (NO SOCIAL SECURI	TY NUMBERS PL	<b>LEASE</b> ) or Reason for Exemption:
Workers Compensation Insurance Carrier or Reason for I	Exemption:	
MESC Employer Number or Reason for Exemption:		
<b>REGISTRATION FEE FOR BUILDERS, MECHANICAL, E</b> A COPY OF YOUR CONTRACTOR'S LICENSE MUST ACCO submit copy of Master's License, Electrical application s	MPANY THIS FORM	M (Plumbers application shall also
Section 23a of the State Construction Code Act 1972, Act No. 230 of F Compiled Laws, prohibits a person from conspiring to circumvent the I perform work on a residential building or a residential structure. Viola	icensing requirements of	this State relating to persons who are to
Signature of Licensed Contractor		Date

This form must also be completed for any commercial work performed in Bangor Township.