

Contractor License Application

Applicant Name

Business Name (DBA)

Business Address

City State ZIP

Phone Email

License Type ☒ General ☐ Electrical ☒ Plumbing ☐ HVAC ☐ Roofing

FEIN / SSN Insurance Provider

Policy # Workers' Comp Coverage ☒ Yes ☐ No

Bonded ☐ Yes ☒ No Years of Experience

Professional References (Name / Phone)

☒ I attest the information provided is accurate and complete.

Applicant Signature

Date

Approved By: Tim Joy

Sept. 10, 2025