

CONTRACTORS LICENSE REGISTRATION FORM

145 S. 2nd, PO Box 158, Freeland, MI 48623 (989) 695-9512

		Date:	
License Holder:			_
DBA:			
			_
			_
Email:			
Occupational Lice	ense Number: (must provide	a copy)	_
• Expiration Date o	of License:		_
• Indicate Trade:	Building		
	Electrical		
	Plumbing		
	Mechanical		
Worker's Disability	ity Compensation Insurance C	Carrier:	
o Reason fo	r Exemption:		_
• Internal Revenue	Code Employer Identification	n Number:	
o If No Emp	ployees, Social Security Number	ber:	_
• M.E.S.C. Employ	er Number:		_
o If No Emp	ployees, Social Security Numb	ber:	
Construction Code act of of the Michigan Compile requirements of this state	1972, Act No. 230 of the Puled Laws, prohibits a person fr	ablic Act of 1972. Section 23A of blic Acts of 1972, being section 1 com conspiring to circumvent the perform work on a residential bucivil fines.	25.1523a licensing
License Holder Signature	: :	Date:	_
Township Signature:		Date:	
\$10.00 registration fee p	oaid on	expires December 31, 20_	