

**REGISTRATION OF CONTRACTORS
ORDINANCE #8-2000**

EACH APPLICATION IS TO BE ACCOMPANIED
BY A FEE OF **\$200.00** AND A CERTIFICATE OF INSURANCE.
THIS LICENSE IS RENEWABLE ONE
YEAR FROM DATE OF ISSUANCE.

BUSINESS NAME: _____

ADDRESS OF BUSINESS: _____

BUSINESS TELEPHONE: _____

NUMBER OF YEARS IN BUSINESS AT ABOVE ADDRESS: _____

ADDRESS OF PRIOR LOCATION: _____

CLASSIFICATION: [] Contractor [] Moving Bldgs or Structures
[] Demolition Contractor [] Roofing and Siding
[] General Contractor [] Sign or Billboard
[] Miscellaneous Contractor [] Swimming Pool

SIGNATURE OF APPLICANT/OWNER

TELEPHONE #

FEDERAL EMPLOYEE # _____

IDENTIFY WASHINGTON TWP JOB NAME, ADD, and/or PERMIT# _____

.....

OFFICE USE ONLY

CASH \$ _____ CHECK# _____ INSURANCE CERTIFICATE _____

APPLICATION DATE: _____ INITIALS _____

WT LICENSE # _____