

City Of Huntington Woods

CONTRACTOR REGISTRATION FORM

26815 Scotia Road
Huntington Woods, MI 48070
Phone (248) 581-2633
Fax (248) 541-3102
www.hwmi.org

PLEASE PROVIDE A COPY OF THE FOLLOWING:

- 1. CURRENT CONTRACTOR'S LICENSE
2. DRIVER'S LICENSE
3. CERTIFICATE OF LIABILITY INSURANCE

BUSINESS NAME: _____

OWNERS NAME OR QUALIFYING OFFICER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ CELL#: _____

EMAIL ADDRESS: _____

CONTRACTOR'S LICENSE #: _____ EXPIRATION OF LICENSE: _____

DRIVERS LICENSE NUMBER: _____

FEDERAL I.D. NUMBER OR REASON FOR EXEMPTION:

WORKERS COMP INSURANCE CARRIER: _____

M.E.S.C. EMPLOYER NUMBER: _____

FOR BUILDING & SIGN CONTRACTORS ONLY:

Authorized Signatures - please print (only the contractor and the following names will be allowed to obtain permits):

FOR ELECTRICAL, PLUMBING & SIGN CONTRACTORS ONLY:

Master/ Specialist authorized to obtain permits- please print (copy of master's/specialist's license(s) must be attached)

Name: _____ Master/Specialist License # _____

Please be advised that the State of Michigan licensing regulations allow only licensed Electrical/Plumbing Contractors and Authorized Master to obtain Electrical/ Plumbing permits.

I, the undersigned, hereby certify that the information herein is true and correct to the best of my knowledge.

SIGNATURE OF CONTRACTOR: _____ Date: _____