

# Newaygo County Building Department

306 S North Street, PO Box 885, White Cloud, MI 49349 (231) 689-7216 FAX (231) 689-7219  
Office Hours: Monday – Friday, 8:00 a.m. - Noon and 1:00 p.m. - 4:00 p.m.

## Contractor Registration Form - \$15.00 Records Fee

### Please Print

Business Name: \_\_\_\_\_  
As it appears on license

Business Street Address: \_\_\_\_\_  
Number Direction Street

Business Mailing Address (If different than street address): \_\_\_\_\_  
P.O. Box, Suite No, Building Name, etc.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ +4: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_  
First M Last

Contact Person (If different than lic. holder): \_\_\_\_\_  
First M Last

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

Drivers License # **Required:** \_\_\_\_\_

Federal Employer ID # (Or reason for exemption): \_\_\_\_\_

Workers Compensation Insurance Carrier (Or reason for exemption): \_\_\_\_\_

MESC Employer # (Or reason for exemption): \_\_\_\_\_

### **All appropriate information and copies of all licenses (including driver's license) must be provided!**

Builder License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Electrical Contractor License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Master Electrical License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Mechanical Contractor License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Mechanical License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Plumbing Contractor License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Master Plumbing License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Mobile Home Dealer License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Mobile Home Installer License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Communications License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Sign License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Signature of Licensee:** \_\_\_\_\_