

## CONTACTOR REGISTRATION

City of Grand Haven, 20 N. Fifth Street, Grand Haven, MI 49417  
Phone: (616) 847-3490 Fax: (616) 844-2051 Website: [www.grandhaven.org](http://www.grandhaven.org)

THIS FORM MUST BE COMPLETELY FILLED OUT

CHECK TYPE OF REGISTRATION:  BUILDER  ELECTRICAL  MECHANICAL

NAME OF COMPANY \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

OWNERS ADDRESS \_\_\_\_\_

OWNERS BIRTH DATE \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

FEDERAL ID NUMBER OR EXEMPTION \_\_\_\_\_

WORKERS COMPENSATION INS. CARRIER NAME OR EXEMPTION \_\_\_\_\_  
\_\_\_\_\_

MESC NUMBER OR EXEMPTION \_\_\_\_\_

NAMES OF OTHERS THAT WILL BE ALLOWED TO SIGN PERMIT APPLICATIONS

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*PLEASE ATTACH A COPY OF YOUR CONTRACTOR LICENSE\*\***

