

APPLICATION FOR RECORDING CONTRACTOR LICENSE AND INSURANCE

CITY OF SALINE, MI. 100 N. Harris St., Saline MI 48176-1642 Phone: 734-429-8296 ext 2223 Fax: 734-429-5280

APPLICATION USED FOR: ANNUAL RECORDING FOR NEW OR RENEWAL - CONTRACTOR LICENSE AND INSURANCE INFORMATION

I hereby certify that I (we) agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Date: _____

Contractor's Name: _____

Company Name: _____

Address: _____ City: _____

State: _____ Zip: _____

E-mail Address: _____

Phone #: _____ Fax. #: _____

Federal Employer I.D. Number: _____

M.E.S.C. Number: _____

Workman's Comprehensive Carrier: _____ Ins. #: _____

Or, are you self-employed: Yes: No:

State of Michigan License Number: _____

Liability Insurance Carrier: _____ Policy #: _____ Exp: _____

COPY OF CURRENT STATE LICENSE TO BE FILED WITH BUILDING DEPARTMENT RECORDS

Recording of Contractor insurance information occurs after January 1st of each year, for new contractors or (renewal) contractors who were recorded in Saline prior years.

Charge of \$20 per license per year

Note:

Electrical Contractors License and Master Electrician License are required

Plumbing Contractors License and Master Plumber License are required

Certificate of Liability Insurance with the City of Saline listed as additionally insured

If applicant is not license holder a notarized letter is required signed by license holder authorizing applicant to sign for them. Picture I.D. will be required.