



# Newaygo County Building Department

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

## Contractor Registration Form

*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.I. Last

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

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

Driver's 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 must be provided and copies of all licenses must be either sent or faxed with the registration form.)**

**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:** \_\_\_\_\_