

GRASS LAKE CHARTER TOWNSHIP LICENSED RESIDENTIAL CONTRACTORS

CONTRACTOR:			
NAME:			
ADDRESS:		CITY:	STATE: ZIP:
TELEPHONE NO.:	FAX NO.:	CELL NO.:	
LICENSE NO.:			EXP. DATE:
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKER'S COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			

CONTRACTOR'S SIGNATURE

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DATE

FOR ALL NEW CONTRACTORS THERE IS A ONE TIME FILING FEE OF \$10.00. WE MUST HAVE A CURRENT COPY OF YOUR LICENSE, ALONG WITH THIS FORM AND THE \$10.00 FEE. THANK YOU.