



# Development Services Department

## Contractor Registration Form

**APPLICANT TO COMPLETE (Please print)**

Type of Contractor or License:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> General Contractor  | <input type="checkbox"/> Mechanical Contractor       | <input type="checkbox"/> Electrical Contractor |
| <input type="checkbox"/> Plumbing Contractor | <input type="checkbox"/> Sign Contractor             | <input type="checkbox"/> House Moving          |
| <input type="checkbox"/> Irrigator           | <input type="checkbox"/> Fire Suppression/Fire Alarm | <input type="checkbox"/> Other _____           |

Company Name: \_\_\_\_\_

Name of Responsible Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

License Holder Name: \_\_\_\_\_

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

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

**\*Please attach a copy of the master's license, contractor's license (if applicable), driver's license, and certificate of liability insurance with the City of Brenham as the certificate holder.**

**All permit applications must be completed by the license holder. If the license holder is unable to, then we must have a notarized letter signed by the license holder that is job and date specific allowing a specific person to apply for the permit in their place.**

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_