

Newaygo County Building Department

306 S North Street, PO Box 885, White Cloud, MI 49349 (231) 689-7216 FAX (231) 689-7219

Office Hours: Monday – Friday, 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 Last

Contact Person (If different than lic. holder): _____
First M Last

Telephone # _____ Fax # _____

Email Address _____

Drivers 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 and copies of all licenses (including driver's license) must be provided!

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: _____