CONTRACTOR REGISTRATION APPLICATION

City of Lindale
Development Services Department
105 Ballard Dr.
Lindale, TX 75771
Phone: 903-882-6861 Fax: 903-881-8170
Email: communitydevelopment@lindaletx.gov

Contractor License #_____
(Office Use Only)

All contractors that perform work within the city limits are required to register with the City of Lindale.

Submit this application along with a legible copy of your valid Driver's License, any State Licenses, State Contractor Licenses, and Insurance Certificates where applicable. Applications are accepted by mail, email, and in person. Incomplete applications will not be processed.

- ☐ **Asphalt Contractor**
- ☐ **Building/General Contractor**
- ☐ **Backflow Prevention Assembly Tester**
- ☐ **Concrete Contractor**
- ☐ **Dirt Contractor**
- ☐ **Electrical Contractor *(No Fee)***
- ☐ **Fire Protection Contractor**
- ☐ **House Moving Contractor**
- ☐ **Irrigation Contractor**
- ☐ **Mechanical Contractor *(No Fee)***
- ☐ **Plumbing Contractor *(No Fee)***
- ☐ **Pool Contractor**
- ☐ **Roofing Contractor**
- ☐ **Electrical Sign Contractor**
- ☐ **Sign Contractor**
- ☐ **Utility Contractor**
- ☐ **Wrecking Contractor**
- ☐ **Other** _____

Insurance: ☐ **Builders Risk Insurance** ☐ **Certificate of Liability** ☐ **Workers Compensation** ☐ **No Insurance**

Registration issued shall expire at 12:00 midnight, one year from date of issuance, and shall be renewed on or before such date by payment of the prescribed fee of $100.00. Payment may be completed by mail with a check or money order, a credit card over the phone once the application has been processed, and at the office.

Licensee/Registered Official: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Mailing Address (if different from above) _____

City: _____ State: _____ Zip: _____

State License # _____ Expires: _____State Contractor License #: _____ Expires:_____

Print Registered Name: _____ Phone: _____

Registered Official's Signature: _____ Date: _____

For Office Use Only: Permit Tech Name: _____ Date:_____