THE CITY OF NOLANVILLE

Contractor License Registration

****** (PLEASE ENSURE WE HAVE COPY OF YOUR CURRENT STATE LICENSE, AS WELL AS INSURANCE) ******

BUSINESS NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
MAILING ADDRESS:	CITY:	STATE:	ZIP:
OWNER NAME:	EMAIL ADDRESS:		
PHONE NUMBER:	FAX:	ALTERNATE #:	

_____ _____ _____

SIGNATURE OF APPLICANT TITLE DATE

For Completion by City Personnel

License #: _____ Effective Date: _____ Expires: _____

Amount paid $_____