



Contractor Registration Application

Permit Department
301 Blue Mound Rd.
Blue Mound, Texas 76131
Email: permits@bluemoundtexas.us
Phone: (817) 232-7097 x 107

Contractors shall pay a registration fee of \$100.00 per year.

Contractors exempt by State Law must register but are exempt from paying registration fees.

Registration expires each year on December 31st.

Fees will not be prorated.

Checklist for submitting Registration Application:

- ☐ **This complete application**
- ☐ **A legible copy of your Driver's License**
- ☐ **Any State Licenses, State Contractor Licenses, and**
- ☐ **Certificate of Insurance listing "City of Blue Mound" as Certificate Holder**

Applications are accepted by mail, e-mail, or in person at our office

(Please Note: e-mailed applications must contain "Contractor Registration" in the subject line)

Contractor Type: (Select one only)

☐	Building * (___Comm) (___Res)	☐	Master Electrician *
☐	Plumber Master *	☐	Master Sign Electrician *
☐	Mechanical *	☐	Sign Erector *
☐	Roofing *	☐	Lawn Sprinkler *
☐	Fence *	☐	Pool/Spa *
☐	Concrete **	☐	Moving Contractor *

***Insurance Required **Bond and Insurance Required**

Licensee/Registered Official (NAME OF SIGNER): _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

***Contractors must always maintain commercial liability insurance during a license period in the amount of \$100,000 per occurrence (combined for property damage and bodily injury).

Insurance Policy Number: _____ Insurance Company: _____ Expiration Date: _____

Mailing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Driver License # _____ Expires: _____ Master License #: _____ Expires: _____

Registered Official's Signature: _____ Date: _____

Right of Way Contractors are required to have a two (2-year) maintenance bond in the amount of **\$2500.00** along with liability insurance in the amount of at least **\$100,000 per occurrence** (combined for property damage and bodily injury).

Bond Number: _____ Bond Effective Date: _____

For Office Use Only: BM Registration # _____ Permit Tech: _____