

CITY OF CASEVILLE

6767 MAIN
CASEVILLE, MI 48725
989-856-2102
www.cityofcaseville.com

Contractor License Registration Form

photocopy of current valid license

Company _____

Contractor Name _____

Address _____

City/State/Zip _____

License # _____ Expiration _____

Federal Employer ID
Number or Reason for
Exemption _____

Workers Compensation
Insurance Carrier or
Reason for Exemption _____

Contact Numbers Business _____

Residence _____

Cell _____

Date _____ Signature _____