

Date Rcvd: _____
Pd: _____
Valid license rcvd: _____

Michigan Township Services-Allegan, Inc.

111 Grand Street, Allegan, MI 49010 • 269-673-3239 • 1-800-626-5964 • Fax 269-673-9583

Contractor License Registration Form

Registration Fee - \$10.00 per licensing cycle (payable to: MTS)

A copy of your state contractor license(s) must be included when submitting this application.

Please print (or type) legibly

Name: (company or individual) _____

Mailing Address: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

How do you prefer to be contacted? _____ phone _____ cell _____ fax _____ email

Type of Registration: (check all that apply)

Building Mechanical

Electrical Plumbing

Contractor License Number(s): _____

Federal Tax Id #: _____ or Social Security: _____

Liability Insurance Carrier: _____

Owner/Partner/Office Name: _____
(only if not stated above) Print

Signature: _____