



City of  
**SUMMERSSET**  
A GREAT PLACE TO CALL HOME

**CONTRACTOR LICENSE APPLICATION**

Please provide Insurance (**workmans comp**) and Proof of License (**Excise Tax, state, county or city certification**) **\$100 permit fee must accompany this application**

**General Information (Please Print):**

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Owner/President \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Local Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Email \_\_\_\_\_

Liability Insurance Company \_\_\_\_\_

Types of licenses held by contractor:

License Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Excise Tax License Number: \_\_\_\_\_

**Contractor License Fees:**

- New License                      \$100
- Annual Renewal                      \$100

I certify the above information is true and correct:

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Paid:  Yes  No

Amount Paid   \$100.00  

Date Paid \_\_\_\_\_

Payment Type:  Cash  Check  Credit Card

Date issued \_\_\_\_\_

Issued by: \_\_\_\_\_