CITY OF QUINLAN

P.O. Box 2740 ~ 105 West Main St. Quinlan, TX 75474
Phone (903) 356-3306 ~ Fax (903) 356-4267

Contractor Registration Application

Contractor Type: **Date:**

☐ **General Contractor**	☐ **Plumbing**	☐ **Concrete**
☐ **Mechanical**	☐ **Irrigation**	☐ **Fence**
☐ **Electrical**	☐ **Pool Contractor**	☐ **Other:**

You must attach a copy of your current contractor, master, etc, license, a clear copy of drivers license, and any insurance held by company.

Company Name _____

Owner/Officer/License Holder of company _____

Title: _____

Officer of the company – President, Vice-President, CEO or license holder) This person will be held responsible for seeing that all work being performed under this registration is completed and in compliance with City codes and ordinances. PLEASE ATTACH A CURRENT COPY OF THIS PERSON'S DRIVER'S LICENSE.

Company Address: _____

_____

Phone: **Fax:** _____

E-Mail Address: _____

Personnel authorized to obtain a permit under this company name:

_____ _____

_____ _____

_____ _____

ORIGINAL Signature of Owner, Officer or License Holder Printed name of Owner, Officer or License Holder

For Office Use Only

Payment Type _____ **Check/Receipt #** _____ **Received by** _____