



# *The* CITY OF PARIS

## APPLICATION FOR CONTRACTOR REGISTRATION

Registration Number: \_\_\_\_\_  
Total Fees Due: \_\_\_\_\_

### TYPES OF CONTRACTOR LICENSE

\_\_\_\_\_ Plumbing                      \_\_\_\_\_ Electrical/Master/Contractor                      \_\_\_\_\_ Sign Contractor  
\_\_\_\_\_ Irrigation                      \_\_\_\_\_ HVAC (Mechanical)                      \_\_\_\_\_ Sign/Electrical  
\_\_\_\_\_ Backflow Tester                      \_\_\_\_\_ Concrete

### APPLICANT INFORMATION:

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Company E-mail: \_\_\_\_\_

Name of License Holder: \_\_\_\_\_  
Trade License Number: \_\_\_\_\_ License Valid From: \_\_\_\_\_ To: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Must provide appropriate contractor fee, with current copy of driver's license and state trade license, general liability insurance and/or bond must have the City of Paris as the certificate holder.**

	FEE	COPY OF DL	ALLTRADE LICENSE	LIABILITY INS.	BOND	COPY OF GUAGES
<b>Plumbing</b>	N/A				N/A	N/A
<b>Irrigation</b>	N/A				N/A	N/A
<b>HVAC (Mechanical)</b>	N/A				N/A	N/A
<b>Electrical/Master/Contractor</b>	\$ 150.00				N/A	N/A
<b>Sign Contractor</b>	\$ 50.00				N/A	N/A
<b>Concrete Approach (5,000 Bond)</b>	N/A		N/A	N/A		N/A
<b>Backflow Tester (1 million)</b>	N/A				N/A	

The following people are authorized to validate permits for the company:

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

### NOTICE TO APPLICANT:

I have carefully read the complete application and know the same is true and correct. I hereby agree to comply with all provisions of local, State, and Federal Laws will be complied with, whether herein specified or not. As the owner of the above company or a duly authorized agent, I hereby grant permission to make all necessary inspections of any work performed.

Signed: \_\_\_\_\_ Address: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date: \_\_\_\_\_ Fax #: \_\_\_\_\_