



City License # _____

CONTRACTOR REGISTRATION APPLICATION COMMUNITY DEVELOPMENT

OFFICE PHONE – 254/799-2436 • FAX – 254/799-5969
ADDRESS: 3015 BELLMEAD DR, BELLMEAD, TX 76705

PLEASE PRINT OR TYPE USING BLACK INK

APPLICATION DATE

| | | | |
|---|------|--------------|-----|
| COMPANY NAME | | | |
| COMPANY PHONE # | | FAX # | |
| COMPANY ADDRESS | CITY | STATE | ZIP |
| (MAILING ADDRESS IF DIFFERENT FROM ABOVE) | | | |
| NAME OF STATE LICENSE HOLDER | | | |
| STATE LICENSE # | | EXP. DATE | |
| PROOF OF LICENSE IS REQUIRED | | | |
| EMAIL ADDRESS: | | | |
| APPLICANT'S NAME | | | |
| POSITION WITH COMPANY | | HOME PHONE # | |
| HOME ADDRESS | CITY | STATE | ZIP |
| PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE, STATE LICENSE, AND INSURANCE TO THIS APPLICATION ONCE COMPLETE. | | | |
| <p>General Contractors (GC, Solar, Sign, & Pool): Annual Registration Fee: \$100.00 Licensed Trades: Electric, Plumbing, HVAC, Fire, & Irrigation do not require payment.</p> <p>I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.</p> | | | |
| APPLICANT'S SIGNATURE | | | |

APPLICATION AND ATTACHMENTS MAY BE E-MAILED TO ALARA@BELLMEADTX.GOV

Office Use Only: Fee(s) Due: _____ Registration Accepted By: _____