

Village of Birch Run 12060 Heath Street PO Box 371 Birch Run, Michigan 48415 Ph # (989) 624-5711 Fax # (989) 624-9681

## **CONTRACTOR REGISTRATION FORM**

Registration is valid for the length of the license & must include the following:

- ✓ Copy of State License & Copy of Driver's License for the License Holder
- ✓Copy of Workman's Comp Certificate or ☑ No Employees
- **✓**Registration Fee

License type: $\square$ Building $\square$ Elect	trical   Plumbing   Mechanical	☐ Sign ☐ Other:		
Company Name:	Company Phon	Company Phone #:		
Company Addrago				
Company Address:Street or P.O. B	Sox City	State	Zip	
License Holder Name:	Phone #	:		
State License #:	Driver's License #: _			
*Federal ID#:	*MESC Employer #:			
*Worker's Comp Insurance Carri	ier:			
*IF YOU CLAIM TO BE SE.	LF-EMPLOYED WITH NO EMPLOYED	ES, CHECK HERE		
workman's comp carrier is liste	urnished is accurate to the best of ed, I am exempt under state law. sibility for the work performed.			
Applicant's Signature:		Date:		
Applicant's Printed Name:			Fee: \$15.00	
125.1523a of the Michigan Complied L of this state relating to persons who are section 23a are subject to civil fines.	ode Act of 1972, Act No. 230 of the public aws prohibits a person from conspiring to to perform work on a residential building	circumvent the lice or a residential struc	nsing requirements cture. Violators of	
	OFFICE USE ONLY			
☐ Check/Money # [	☐ Cash ☐ CC Date Received:	Expira	tion:	