

CONTRACTOR REGISTRATION FORM

Charter Township of Flint  
1490 South Dye Road  
Flint, MI 48532  
(810) 732-1350  
Fax (810) 733-6919

INCLUDE A CURRENT COPY OF THE STATE LICENSE, A  
COPY OF THE RESPONSIBLE PARTY'S DRIVER'S  
LICENSE, ALONG WITH A CHECK FOR \$10 MADE  
PAYABLE TO FLINT TWP

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_

*License Holder or Responsible Party (mandatory information)*

Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

License Type (Bldg, Mechancial, Plumbing, Electrical): \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Federal ID or Soc Security #: \_\_\_\_\_

MESC: \_\_\_\_\_

Worker's Comp Policy #: \_\_\_\_\_

Worker's Comp Company: \_\_\_\_\_

Worker's Comp Agent: \_\_\_\_\_

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DATE PD \_\_\_\_\_ AMT PD \_\_\_\_\_ PMT METHOD \_\_\_\_\_

EFFECTIVE FEBRUARY 3, 1999, ALL CONTRACTORS PERFORMING WORK IN FLINT  
TWP MUST COMPLETE THE FOLLOWING FORM EACH TIME YOUR LICENSE EXPIRES  
OR EACH CALENDAR YEAR.