

LIBERTY TOWNSHIP

LICENSED CONTRACTOR INFORMATION

BUSINESS NAME _____

OWNER'S NAME _____ Telephone # _____

Fax # _____

STREET ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____

LICENSE # _____ EXPIRATION DATE _____

TYPE OF LICENSE (LIST) _____

FEDERAL EMPLOYER ID # _____

OR SOCIAL SECURITY # _____

LIABILITY INSURANCE CO. _____

POLICY # _____ EXPIRATION DATE _____

MESC EMPLOYER NUMBER _____

OR REASON FOR EXEMPTION _____

X _____ DATE _____

CONTRACTOR'S SIGNATURE

PLEASE BE SURE THAT EVERY BLANK IS FILLED IN, EXPIRATION DATES ARE CURRENT, AND YOUR SIGNATURE APPEARS ON THIS FORM; THEN RETURN IT TO OUR OFFICE AT:

101 W. LIBERTY RD.
CLARKLAKE, MI 49234
ATTENTION: ADMIN. ASST.
OR FAX TO 517-529-9066

ALSO INCLUDE A COPY OF YOUR LICENSE ISSUED BY THE STATE OF MICHIGAN AND ALSO INCLUDE A COPY OF YOUR LIABILITY INSURANCE CERTIFICATE.

THANK YOU