

**MORTON TOWNSHIP BUILDING DEPARTMENT - MECOSTA COUNTY**

290 W. MAIN STREET - P.O. BOX 2 - MECOSTA, MI 49332-0002  
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Web Site: mortontownship.org Email: buildingdept@mortontownship.org

**APPLICATION FOR REGISTRATION OF CONTRACTOR'S LICENSE**

The registration of your license or licenses must be on file before Morton Township can issue permits.

It is necessary to enclose a copy of your current State License with your application.

No application will be processed without this copy.

State of Michigan Law, Public Act 135 or 1985 Enrolled House Bill N. 4006, effective October 1, 1989, requires the additional information on the below form to be written on every residential permit and kept on file at the local jurisdiction. Please fill out completely.

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TYPE(S) OF CONTRACTOR:

BUILDER:\_\_\_\_\_ ELECTRICAL:\_\_\_\_\_ MECHANICAL:\_\_\_\_\_ PLUMBING:\_\_\_\_\_ H.V.A.C:\_\_\_\_\_

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

Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Business: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Employer Identification Federal Number or Social Security Number: \_\_\_\_\_

Michigan Employment Security Commission Number: \_\_\_\_\_

Worker's Disability Compensation Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**LICENSEE(s) INFO**

Applicant's Occupational License Number(s):

(1) Type: \_\_\_\_\_ Employee Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(2) Type: \_\_\_\_\_ Employee Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(3) Type: \_\_\_\_\_ Employee Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

 A COPY OF YOUR LICENSE MUST BE ENCLOSED IN ORDER FOR REGISTRATION TO BE PROCESSED. 