



Holland Charter Township

CONTRACTOR REGISTRATION FORM

Department of Building Safety

Phone: (616) 395-0196

Name that appears on the License: _____

If a Corporation, Name of Qualifying Officer: _____

Address that appears on the License: _____

Email Address: _____

License Number: _____ Expiration Date: _____

Phone Number: _____

Federal Employer ID # or Reason for Exemption: _____

MESC Employer # or Reason for Exemption: _____

Worker's Comp Insurance Carrier: _____

PLEASE ATTACH A COPY OF YOUR CURRENT CONTRACTORS LICENSE

Signature of License Holder: _____

DATE