



**CITY OF FARMINGTON**  
Department of Economic & Community Development  
**Contractor Registration**

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

- |  |  |  |   |  |   |
|--|--|--|---|--|---|
| <input type="checkbox"/> Building<br>\$30.00<br>Yearly | <input type="checkbox"/> Plumbing<br>\$30.00<br>Yearly | <input type="checkbox"/> Electrical<br>\$30.00<br>Yearly | <input type="checkbox"/> Mechanical<br>\$15.00<br>3 years | <input type="checkbox"/> Sign<br>\$30.00<br>Yearly | <input type="checkbox"/> Other<br>\$30.00<br>Yearly |
| <input type="checkbox"/> Sole Proprietor               | <input type="checkbox"/> Partnership                   | <input type="checkbox"/> Corporation                     |   |  |   |

Company Name \_\_\_\_\_ State License Number \_\_\_\_\_  
Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Company Phone: \_\_\_\_\_ Company Fax # \_\_\_\_\_  
Company Cell: \_\_\_\_\_ Company Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Dri Lic Num (or State ID) \_\_\_\_\_  
Corporate Qualifying Officer (if applicable)  
Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Owner Phone: \_\_\_\_\_ Owner Cell \_\_\_\_\_ Owner Email: \_\_\_\_\_

Licensee Name \_\_\_\_\_ Dri Lic Num (or State ID) \_\_\_\_\_  
Licensee Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
State License Number (PA 407) \_\_\_\_\_ Classification \_\_\_\_\_  
Licensee Phone: \_\_\_\_\_ Licensee Cell \_\_\_\_\_ Licensee Email: \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_