

Contractor Registration Form

CHARTER TOWNSHIP OF CLAYTON Building Department
2011 South Morrish Road
Swartz Creek, MI 48473

Phone: (810) 635-4433 Fax: (810) 635-4526

Prior to any permits being issued, this information sheet, \$15 fee, copy of the responsible party's drivers license and a copy of your license(s) issued from the state will **have** to be on file.

Date: _____ (Expires in one year) _____

Business Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

Cell phone or pager number: _____

Email Address: _____

License holder or responsible party (this information is mandatory)

Name: _____

Driver's License Number: _____ DOB: _____

Contractor License Number: _____ Expiration Date: _____

Master License Number: _____ Expiration Date: _____

Federal ID Number or Social Security Number: _____

MESC Number: _____

Worker's Compensation Policy Number: _____

Worker's Compensation Company Name: _____

Worker's Compensation Agency Name: _____

Date Paid: _____ Amount: _____ Entered: _____

Effective February 1, 2003: All contractors performing work in Clayton Charter Township will be required to register/renew on a yearly basis. The due date for the submission of the form will be one year from the original registration date. If any information submitted changes during the course of the year, the contractor **MUST** update the information in writing 10 calendar days of this change.