LAKETON TOWNSHIP



LAKETON TOWNSHIP
CONTRACTOR REGISTRATION APPLICATION

2735 W. Giles
Muskegon, MI 49445
Phone: 231-744-2454

These requirements are tied to Act 230 of 1972 (Michigan Construction Code) and Act 317 of 1969 (WDC Act), which mandate contractor registration for residential work and permit issuance.

THIS REGISTRATION FORM CAN BE EMAILED TO: TSTEPHENSON@LAKETONTWPMI.GOV

SUBMIT WITH THIS FORM:

- **Copy of current state occupational License**
- **$15 Registration Fee for each license being registered**
- Worker's Disability Compensation insurance certificate (**if applicable**)

CONTRACTORS LICENSE #:_____ **EXPIRATION DATE:**_____

TYPE OF LICENSE: (Circle One)

Building | Plumbing | Electrical | Mechanical

Alarm Installer | Sign Installer | Excavator | Excavator OR Water/Sewer Installer

COMPANY NAME:_____

NAME OF OWNER:_____

NAME OF LICENSEE (If different than owner):_____

COMPANY ADDRESS:_____
(Street)

_____ _____ _____
(City) (State) (Zip Code)

BUSINESS PHONE #: (_____)_____-_____ **CELL PHONE #:** (_____)_____-_____

EIN (Employee ID Number):_____
(or reason for exemption pursuant to Section 6109 of the IRC Code of 1986, 26 USC 6109)

MESC # (Michigan Employment Security Commission): _____
(or reason for exemption pursuant to Section 6109 of the IRC Code of 1986, 26 USC 6109)

WORKERS COMPENSATION INSURANCE CARRIER: _____

POLICY #: _____ **EXPIRATION DATE:** _____
(or reason for exemption under Act 317 of 1969 MCL418.101 to 418.941)

SELF EMPLOYED (Circle one): YES / NO

OWNER/AUTHORIZED AGENT SIGNATURE: _____ **DATE:** _____