



CONTRACTORS/ SUB-CONTRACTOR REGISTRATION APPLICATION

Name of Applicant: _____	
Phone: _____	
Address: _____	
Doing Business as: _____	
<input type="checkbox"/> GENERAL CONTRACTOR	REGISTRATION DATE: _____
<input type="checkbox"/> SUB- CONTRACTOR	EXPIRATION DATE: _____
<input type="checkbox"/> OTHER _____	
Registration Fee: _____	(Office Use Only)

Signature: _____

Date: _____

(MUST PROVIDE PROOF OF GENERAL LIALBILITY OF BOND TO REGISTER)



City of PEÑITAS

