

**CITY OF CASEVILLE**

6767 MAIN  
CASEVILLE, MI 48725  
989-856-2102  
[www.cityofcaseville.com](http://www.cityofcaseville.com)

**Contractor License Registration Form**

photocopy of current valid license

Company \_\_\_\_\_

Contractor Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

License # \_\_\_\_\_ Expiration \_\_\_\_\_

Federal Employer ID  
Number or Reason for  
Exemption \_\_\_\_\_

Workers Compensation  
Insurance Carrier or  
Reason for Exemption \_\_\_\_\_

Contact Numbers Business \_\_\_\_\_

Residence \_\_\_\_\_

Cell \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_