

City of Westland

MOHAMED AYOUB
DIRECTOR

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**PLANNING & BUILDING
DEPARTMENT**
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Application for Registration or Renewal of Trade Contractors License

Application for: Electrical Contractor Plumbing Contractor Mechanical Contractor

Business Information

Name On State Issued License: _____

Business Name if Different: _____

Owner Name: _____

Business Address: _____ City _____ State _____ Zip _____

State Contractor License # _____ Work Classifications or Specialty information _____

Telephone Number: _____ Email Address: _____

Business Information

Business organized as: Sole Proprietor Partnership LLC Corporation Assumed Name

Tax I.D. # If Sole Proprietor only Last 4 of SS# _____

Business telephone Number: _____ Business Website (if applicable): _____

Master Plumber or Master Electrician Information (you may only Register as Master for one Contractor)

Name: _____

Address: _____ City _____ State _____ Zip _____

Telephone Number: _____ Email Address: _____

Master License Number: _____ Expiration Date: _____

Drivers License # _____ Expiration: _____

Signatures _____ Date _____

Provide Copies of:

State Contractors License Master Electrician / Plumber License Driver's License

if other than License holder is registering and obtaining permits a notarized letter will be required



/cityofwestland



/westlandadministration



/cityofwestland



/WLND

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