**Contractor Information:**

Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of State License:**

General Contractor

Building

Residential

Roofing

Class A AC

Class B AC

Mechanical

Commercial Pool

Residential pool

Electrical

Plumbing

Underground Utilities

Other: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Documents:**

Certificate of Liability insurance with Franklin County as Certificate Holder expires: \_\_\_\_\_\_\_\_

Worker’s Compensation COI or WC Exemption Certificate expires: \_\_\_\_\_\_\_\_

State License State License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contractor Fees:**

State Certified: NO CHARGE

State Registered (Franklin County Only) $50.00 PER LICENSE

State Registered (Existing Out-of-County) $150.00 PER LICENSE

**FRANKLIN COUNTY NO LONGER ACCEPTS NEW OUT-OF-COUNTY STATE REGISTERED REGISTRATIONS. OUT-OF-COUNTY APPLICANTS THAT MAINTAIN A CURRENT REGISTRATION STATUS MAY RENEW EXISTING REGISTRATION.**

**Please initial next to each of the following:**

\_\_\_\_ I have utilized the checklist to verify that I have included all required documentation.

\_\_\_\_ I understand that incomplete applications WILL NOT be accepted.

By signing below, I attest that all information on this application is accurate and complete.

Contractor Signature: Date: