

**CITY OF CLEVELAND
CONTRACTOR LICENSE APPLICATION**

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Please provide the following information:

1. Jurisdictions that you have a contractor license in:

a. _____

b. _____

c. _____

***Note:** Please include copies of any contractor licenses and provide a letter from the Licensing Board or Building Department indicating that you have passed the required examination or provide a copy of passing examination notice from International Code Congress (ICC) or the Mississippi State Board of Contractors.*

2. Please check the license for which you are applying:

Journeyman Electrician

Residential Electrician

Master Electrician

Journeyman Plumber

Residential Plumber

Master Plumber

Journeyman Mechanical

Master Mechanical

Journeyman Gas Pipe Fitter

Master Gas Pipe Fitter

Lawn Irrigation Systems

3. Please provide the following information:

a. Name of Bonding Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

b. Name of Liability Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Note: Copies of all insurance documents are required prior to issuing a license.

4. If applying for a residential or master license, please list any Journeymen or Apprentices you will have working for you:

I understand that any false statement on this application may result in revocation of my contractor license but shall not serve as a bar for further enforcement action by the City of Cleveland.

Applicant