



**Village of Grass Lake**

**119 N. Lake Street, P.O. Box 737**

**Grass Lake, Michigan 49240**

**Phone: 517-522-4550 Fax: 517-522-8120**

Registration NO.: \_\_\_\_\_

**LICENSED RESIDENTIAL CONTRACTORS' REGISTRATION**

Cost \$10.00 per year

CONTRACTOR: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

License NO.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal Employer ID Number: \_\_\_\_\_

Or Reason for Exemption

Worker's Comp. Insurance: \_\_\_\_\_

Or Reason for Exemption

MESC Employer Number: \_\_\_\_\_

Or Reason for Exemption

\_\_\_\_\_  
Contractors Signature

Date: \_\_\_\_\_

\*This form needs to be filled out yearly with a copy of your insurance and license.