



APPLICATION FOR REGISTRATION MECHANICAL CONTRACTORS LICENSE

City of Kentwood
4900 Breton Ave SE • P.O. Box 8848
Kentwood, MI 49518-8848
(616) 554-0703

Date: _____

Applicant Name (Print)		Business Name		
Telephone Number		Fax Number		
Business Address (Street No. & Name)		City	State	Zip
E-Mail				
State License Number		Expiration Date		
Master		Journeyman		
Workers Compensation Insurance Carrier	Federal Tax Identification No.		Michigan Employment Security Commission No.	

FOR YOUR APPLICATION TO BE PROCESSED YOU MUST PROVIDE THE FOLLOWING:

- A copy of your State License.
- Payment in the amount of \$15.00

PLEASE MAIL TO:

City of Kentwood
Inspection Department
P.O. Box 8848
Kentwood, MI 49518-8848

NOTE: STATE OF MICHIGAN, PUBLIC ACT 135 OF 1985, ENROLLED HOUSE BILL NO. 4006, EFFECTIVE OCTOBER 1, 1989, REQUIRES THE ADDITIONAL INFORMATION ON THE ABOVE FORM TO BE WRITTEN ON EVERY RESIDENTIAL PERMIT AND KEPT ON FILE AT THE LOCAL JURISDICTION.