

CITY OF HAMMOND
219 East Robert Street * Hammond, LA 70401
(985) 277-5640 * (985) 277-5637 FAX

CONTRACTOR'S REGISTRATION APPLICATION

Date: ____ / ____ / ____
Business Name: _____
Address: _____
Phone: _____ Owners Name: _____
Home Address (Street & Mailing): _____
Federal I.D. No.: _____ or Social Security No. _____

Indicate below the location of your Occupational License:

Location: _____
Number: _____
New Business [] Existing Business [] Classification: _____
State Licensing Board (Contractors) Number: _____ Classification: _____
State Licensing Board (Master Plumbers) Number: _____
Expiration Date: ____ / ____ / ____

NOTE: Each classification is a separate registration and fee.

Check Registration Classification(s) you are applying for:

- Building Construction
- Electrical Contractor
- Plumbing Contractor – Master Plumber
- Mechanical Contractor – Heating and Air
- Specialty Contractor – Pool
- Specialty Contractor – Fence
- Specialty Contractor – Sign
- Specialty Contractor – Other: _____

References: (One Supplier and two others that are not family related)

1 _____
2 _____
3 _____

Summary of Experience:

Test Required: Yes No (Exam fee \$25.00)

I hereby certify that I have read each of the above questions in this application and the answers I have given are true and correct.

Date: ____ / ____ / ____ By: _____
Applicant or Authorized Agent

OFFICIAL USE

Registration Fee: \$150.00	Registration Fee(s) collected: \$	_____
Each Classification	Examination Fee(s) collected: \$	_____
Delinquent after March 1st	City License No.	_____
Delinquent Fee: \$35.00	Date Paid:	_____

Approved: _____

By: _____
Building Inspector (Signature & Date)