PRST MONDAY TRADE DAYS CANTON, TEXAS

CONTRACTOR REGISTRATION

PLEASE PRINT CLEARLY 201 N. Buffalo Canton, TX 75103 Phone: 903-567-1841

Fax: 903-567-1793

				Date:
Contractor Type				
Contractor Type: □ General Contractor	□ Mechanical	□ Electrical	□ Plumbing	•
□ Backflow Tester	☐ Irrigation	□ Fence	□ Foundati	
□ Pool Contractor	☐ Energy Inspector		□ Sign/Elec	
□ Fire	□ Other		0 /	
You must attach a copy	of your current Contract	or's license, Master's lic	cense, Irrigator's lice	nse, Backflow
	of your Texas Driver's Lice heir calibration certification		•	Backflow testers
Company Name:			-	
Owner/Officer/License	Holder:		Title:	
being performed under	ical, or Electrical License. this application is comple	eted and in compliance	with the City codes	and ordinances.
Address:	City	: s	T: Zip:	
Office Phone:	Fax:		Cell:	
Email:		_		
Personnel authorized t	o obtain permit under th	is company name:		
Original Signature of Owr	ner, Officer or License Holdo	erPrinte	ed name of Owner, Of	ficer or License Holder
	rized if the signer is not p eceipt of payment by retu		· ·	
The State of Texas				
County of	 o (or affirmed) before me	on this day of	20 [ov.
Subscribed and sworn t		me on the basis of satis		
appeared before me.		The off the basis of satis	ractory evidence to	ac the person(s) who
(Seal)				
			Notary P	ublic