

CITY OF GAUTIER, MISSISSIPPI
 Community Services Department
 Phone (228) 497-1878
 Fax (228) 497-1038
 P. O. Box 670 (3305 Gautier-Vancleave Rd.)
 Gautier, MS 39553

APPLICATION
 For
 CONTRACTORS
 LICENSE

Do Not Write In This Space

License No.

INSTRUCTIONS TO APPLICANT

Before application is submitted, see that all information called for has been supplied. If application is incomplete, it may be returned for completion, which will cause delay. This application constitutes a part in being considered for a license. Applications cannot be returned to applicants. FOLLOW INSTRUCTIONS CAREFULLY. All statements are subject to investigation and verification.

Name in Full of Key Contact Person:	Date:
	Phone No. of Key Contact Person:
Name of Company:	
Mailing Address:	City:
Street Address (if different):	State:
	Zip Code:
Social Security Number of Key Contact Person:	Driver's License No. of Key Contact Person:

License for which you are applying:			
FEE: \$100.00	FEE \$50.00		
GENERAL:	ELECTRICAL:	MECHANICAL:	PLUMBING/GAS:

Give the names and addresses and submit letters of reference from three persons attesting to have knowledge of your character, experience, and ability as a contractor. (Do not name relatives.)

1. _____
2. _____
3. _____

List names and addresses of Cities in which you currently hold license, similar to that for which you are applying. Attach copies of all licenses you presently hold that are current and up-to-date, including written certification from the City of Issue. If you hold a Mississippi State Contractors License, please include a copy.

City of Issue	License Number	Expiration Date	Certification Submitted (Copy Attached)

City Ordinance requires all Contractors licensed by the City of Gautier to maintain General Liability Insurance coverage in the amount of at least \$100,000.00. NO LICENSE WILL BE ISSUED UNTIL A CERTIFICATE OF INSURANCE IS SUBMITTED showing the City of Gautier as Certificate Holder and verifying that a policy has been issued in the name of the company listed above.

Insurance Company	Amount of Liability Coverage	Expiration Date	Copy Attached	
			Yes	No

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsification; that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected and my name removed from the list of qualified contractors, and I may be disqualified in the future, from applying for license. **Note: Signature is required. Failure to sign may cause delay in issuance of license**

License Approved By: _____
 Identification Number: _____ License Expires: _____ Signature of Key Contact Person _____