

**CITY OF GAUTIER • DEPARTMENT OF ECONOMIC DEVELOPMENT & PLANNING**

Do Not Write In Space

**CONTRACTOR'S LICENSE APPLICATION**

3330 Highway 90 • Gautier, MS 39553 • (228) 497.1878 • Fax (228) 497.1038

• e-mail: [planning@gautier-ms.gov](mailto:planning@gautier-ms.gov) •

License No:
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**CONTRACTOR COMPANY INFORMATION:**

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

General E-mail: \_\_\_\_\_ Fax No. \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Cell No. \_\_\_\_\_

**INFORMATION FOR APPLICANT:**

All required information must be received and checked for accuracy prior to processing. Applications/submittals can be e-mailed, faxed, or mailed ahead of time. Check, money order, or cash can be mailed or brought in person. Please do not mail cash. License/Receipt can be mailed to applicant once ready or picked-up. Contractor is required to maintain General Liability Insurance through the expiration of the license. If a letter or copy of license from another city is required, the letter or license must be from another city located in Mississippi where the contractor currently holds a contractor's license for the same type of license being requested by this application. If letters of reference are required, the letters shall be from previous clients (within the past 3 years) attesting to the contractor's character, experience, & knowledge as a contractor or additional letters/copies of licenses from other cities as described above. A letter of reference from a supplier or vendor will not be accepted. *This form is not for use by Mobile Home Movers.*

**TYPE OF CONTRACTOR LICENSE APPLYING FOR:**

<input type="checkbox"/> General \$0	<input type="checkbox"/> Remodeler \$100	<input type="checkbox"/> Mechanical \$50	<input type="checkbox"/> Electrical \$50	<input type="checkbox"/> Plumbing \$50
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*Fee Waived for Contractor's with Current State Contractor's License*

<b>PRIMARY CONTACT</b>	Name _____	<b>SECONDARY CONTACT</b>	Name _____
	Phone 1 _____		Phone 1 _____
	Phone 2 _____		Phone 2 _____
	e-mail _____		e-mail _____

DO NOT WRITE BELOW THIS LINE (To be filled in by Permit Clerk) Date Complete App Rec'd: \_\_\_\_\_

**SUBMITTALS/FORMS/PAPERWORK:** Date Issued: \_\_\_\_\_

General Contractor <input type="checkbox"/> State Contractor's License <input type="checkbox"/> Certificate of Liability Insurance	Remodeler, Mechanical, Electrical, Plumbing <input type="checkbox"/> State Contractor's License <input type="checkbox"/> Certificate of Liability Insurance OR <input type="checkbox"/> Certificate of Liability Insurance <input type="checkbox"/> Letter or copy of current license from other city <input type="checkbox"/> 2 letters of reference or additional current city licenses
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Liability Insurance: Exp. \_\_\_\_\_  Min. \$100,000 Gen. Liability  City listed as Certificate Holder

<b>FEES:</b> <input type="checkbox"/> \$0 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 MS State License No. _____ Exp. _____	<b>STEPS:</b> <input type="checkbox"/> Check/Complete Application <input type="checkbox"/> Check Paperwork <input type="checkbox"/> Assign License Number <input type="checkbox"/> Make Card/Copy for File <input type="checkbox"/> Fees/Receipt	<b>Notes:</b> _____ _____ _____
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I certify that all answers, statements, and representations made in this application, including any submitted information, are true and accurate to the best of my knowledge and belief, and that I have reviewed the contents of this entire application. I certify that this application contains no willful misrepresentation or falsification. I understand that all statements are subject to investigation and verification. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, revoked, and I may be disqualified in the future from applying for a license. I also certify that I am an authorized representative of the company listed above.

APPLICANT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_