



## CITY OF GAUTIER • DEPARTMENT OF ECONOMIC DEVELOPMENT &amp; PLANNING

## CONTRACTOR'S LICENSE APPLICATION

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

• e-mail: planning@gautier-ms.gov •

Do Not Write In Space

License No: \_\_\_\_\_

## 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:

 General  
\$0

 Remodeler  
\$100

 Mechanical  
\$50

 Electrical  
\$50

 Plumbing  
\$50

Fee Waived for Contractor's with Current State Contractor's License

## PRIMARY CONTACT

Name \_\_\_\_\_  
 Phone 1 \_\_\_\_\_  
 Phone 2 \_\_\_\_\_  
 e-mail \_\_\_\_\_

## SECONDARY CONTACT

Name \_\_\_\_\_  
 Phone 1 \_\_\_\_\_  
 Phone 2 \_\_\_\_\_  
 e-mail \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE (To be filled in by Permit Clerk)

Date Complete App Rec'd: \_\_\_\_\_

Date Issued: \_\_\_\_\_

## SUBMITTALS/FORMS/PAPERWORK:

General Contractor

State Contractor's License  
 Certificate of Liability Insurance

Remodeler, Mechanical, Electrical, Plumbing

State Contractor's License  
 Certificate of Liability Insurance

**OR**

Certificate of Liability Insurance  
 Letter or copy of current license from other city  
 2 letters of reference or additional current city licenses

Liability Insurance: Exp. \_\_\_\_\_  Min. \$100,000 Gen. Liability  City listed as Certificate Holder

## FEES:

 \$0 \$50 \$100

## STEPS:

Check/Complete Application  
 Check Paperwork  
 Assign License Number  
 Make Card/Copy for File  
 Fees/Receipt

## Notes:

MS State License  
No. \_\_\_\_\_  
Exp. \_\_\_\_\_

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 \_\_\_\_\_