City Payne Springs

19601 CR 2529

Payne Springs, TX 75156   
(903) 451-9229 Fax (903) 451-0137

**Contractor** Annual Registration   
 Application Form

Company Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name: |  | | |  | |  |
| Street Address: |  | | |  | |  |
| City, State and Zip Code: |  | ST | |  | Zip Code |  |
| Telephone: |  | | Facsimile Number: |  | |  |

Personal Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | |  |  |  |
| Home Address - Street: |  | | | |  |  |  |
| Home Address - City: |  | | ST | |  | Zip Code |  |
| Home Telephone: |  | Cell Phone Number: | | | |  | |
| Drivers License Number |  | | | **Note: Copy must be attached to this form** | | | |

**Insurance: One of the following must be attached or provided before registration is completed:**

**(1) Certificate of Insurance showing proof of general liability insurance of at least $250,000.; or   
(2) Minimum State Required.**

**Employees of the company registering that are authorized to sign for permits**. Anyone listed under this   
registration must be an employee of the company registering, and must be covered by the insurance   
coverage of the company registering.

(1) (2)

By signing this application, I am stating that all of the information provided on this application form is   
complete and accurate. I also acknowledge that if any of the information provided on this form proves to be inaccurate, my   
registration will be cancelled immediately. I understand that registration is not complete until the city receives all   
information requested on this form. I understand that if my insurance/surety bond coverage is cancelled or expires prior   
to the expiration date of my registration; my registration with the city is automatically cancelled as well. I understand this   
application is for registration with the City of Payne Springs and is not to be considered a state license.

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Applicant's Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Date Application Received: | Fee: $50.00 | | Receipt Number: |
| Approved by: | Date: | Registration Exp: | |

**For Office Use Only**

Date of Application