

**City of Monroe  
Building Department**

**CONTRACTOR REGISTRATION FORM**

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Workers Comp Insurance Carrier: \_\_\_\_\_

MESC Employer Number: \_\_\_\_\_

Federal Employer ID Number: \_\_\_\_\_

Authorized people to **pick up** permits under your license:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**License Holder signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_