



**CONTRACTOR REGISTRATION  
VILLAGE OF SPRING LAKE**

102 WEST SAVIDGE STREET, SPRING LAKE, MICHIGAN 49456  
PH: 616-842-1393 FAX: 616-847-1393  
www.springlakevillage.org

**A copy of your state contractor license(s) must be included when submitting this application.**

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

Name: \_\_\_\_\_  
(Company or Individual)

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Type of Contractor / Registration:*

- |   |  |
|---|--|
| <input type="checkbox"/> Electric                 | <input type="checkbox"/> Homebuilder           |
| <input type="checkbox"/> Heating & Cooling (HVAC) | <input type="checkbox"/> Repairs / Alterations |
| <input type="checkbox"/> Plumbing                 | <input type="checkbox"/> Commercial Contractor |
| <input type="checkbox"/> Sign Installer           | <input type="checkbox"/> Other _____           |

State Contractor License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Federal Tax ID #: \_\_\_\_\_

Liability Insurance Carrier: \_\_\_\_\_

**A copy of my state contractor license(s) has been included.**

Owner/Partner/Officer Name (please print): \_\_\_\_\_

Owner/Partner/Officer Signature: \_\_\_\_\_