

CITY OF GALVESTON
APPLICATION FOR CONTRACTOR LICENSE

PLEASE PRINT LEGIBLY

Type of License: _____ City License Number: _____

State License No: _____ Expiration Date: _____

Company Name: _____ Contractor Type: _____

Individual's Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Number: _____ Fax Number: _____

Home Number: _____ Cell Number: _____

Email: _____

EXPERIENCE

FIRM NAME	LOCATION	FROM
_____	_____	_____
_____	_____	_____

REFERENCES

NAME	LOCATION	FROM
_____	_____	_____
_____	_____	_____

Applicants Signature _____

Date _____

By completing this form, I agree to obtain all permits required by the City of Galveston for work within the City of Galveston.

Subscribed and sworn to before me by said _____ this _____
Day of _____, 20__, to certify which witness my hand and seal of office.

Notary Public in and for _____ county, Texas.

Signature My Commission Expires: _____

Building Official or Designee _____

Date _____