

**TOWNSHIP OF LAKE
HURON COUNTY, MICHIGAN**

**P.O. Box 429
Caseville, MI 48725**

Phone: 989 856 4867

(located 4988 W. Kinde Rd.)

Fax: 989 856 9710

LICENSE REGISTRATION FORM

**FEE: \$10.00 PER LICENSE - MUST BE ACCOMPANIED BY PHOTOCOPY OF
APPLICABLE LICENSE(S) MUST BE RENEWED UPON LICENSE EXPIRATION.**

CONTRACTOR NAME: _____

LICENSEE NAME: _____

ADDRESS: _____

STATE AND ZIP CODE: _____

INDICATE WHICH TYPE LICENSE:	LICENSE NUMBER	EXPIR DATE
_____ RESIDENTIAL	_____	_____
_____ MAINTENANCE & ALTERATION	_____	_____
_____ OTHER		

FEDERAL EMPLOYER ID NUMBER OR
REASON FOR EXEMPTION _____

WORKERS COMPENSATION INSURANCE CARRIER
OR REASON FOR EXEMPTION _____

MESC EMPLOYER NUMBER OR
REASON FOR EXEMPTION _____

TELEPHONE NUMBERS – Business: _____
Residence: _____
Cell/Pager: _____

Date

Signature of Contractor/Licensee