

**CITY OF COLORADO CITY**

P.O. Box 912, 180 W. 3<sup>rd</sup>  
Colorado City, TX 79512  
Phone (325) 728-5331, Fax (325) 728-2597



**CONTRACTOR REGISTRATION APPLICATION**

Name of Business: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address or Location: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

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

\_\_\_\_\_  
City State Zip Code

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

License Type: Electrical Plumbing Mechanical Other: \_\_\_\_\_

Name of Person	License No.
_____	_____
_____	_____
_____	_____
_____	_____

Please attach a current copy of your insurance policy. If you do not have a copy available, you can have it faxed to City Hall at (325) 728-2597, attention Michelle.

\_\_\_\_\_  
Signature Printed Date