

VILLAGE OF ALLOUEZ

APPLICATION FOR RESIDENTIAL BUILDING CONTRACTOR'S LICENSE

APPLICATION NO. _____ DATE _____

(Please Print) _____
Last Name First Name Middle Initial

Street Address _____

City _____ State _____ Zip Code _____

Name of Company _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone - Residence _____ Telephone - Business _____

Date of Birth _____ Place of Birth _____

Social Security No. _____ Education: (Please Check) _____ College
_____ High School _____ Grade School

Give day, month and year you started in the contracting business. List at least three (3) of the contractors you were employed by prior to becoming a contractor, or who have personal knowledge of your work.

OFFICE USE

Date of Examination _____

Signature of Applicant _____

_____ day of _____, 20 ____

Signature of Examiner _____

Title of Examiner _____

Notary Public _____

My Commission Expires _____

Score Approved Disapproved

Signatures of Board Members

Signatures of Board Members