

CONTRACTOR REGISTRATION APPLICATION



CR# _____

Legal Name of Business: _____

Names of Individuals, Partners, or Corporation: _____

Trade Name of Business (DBA): _____

Are you licensed by the LA State Board for Contactors? Yes No License #:

Business Location Address: _____

Mailing Address: _____

Contact Person: _____

Email: _____

Phone #: _____

Website: _____

Type of Organization: Individual Partnership Corporation LLP LLC Other

If the Organization is a Corporation, LLC, LPP or Partnership provide name, title, home address and telephone # of officers, members, managers, or partners.

Name	Title

Resident Address- City, State, Zip	Phone

LIABILITY INSURANCE

Agent: _____ Phone #: _____

Please have insurance addressed to Town of Abita Springs, PO Box 461, Abita Springs, LA 70420 and emailed to Ktortorich@abitaspringsla.gov.

PLEASE PROVIDE A COPY OF YOUR STATE LICENSE, CERTIFICATE OF INSURANCE.

General Contactor

- Initial*- \$125.00
- Renewal- \$50.00

Sub-Contractor

- Initial*- \$50.00
- Renewal- \$20.00
- Arborist
- Electrician
- Framer
- Mechanical
- Plumber
- Roofer
- Other:** _____

PAYMENT Method of Payment: Cash Check Credit Card Money Order

Please make checks payable to TOAS and mail to P&Z Department, PO Box 461, Abita Springs, LA 70420

I affirm that this information is true and correct.

Signature of Applicant: _____ Date: _____ Title: _____

Signature of Preparer: _____ Date: _____

Approved By: _____ Date: _____