



**Annual Registration Form  
Building Contractor**  
All applicable information **must** be provided.

**City of Jackson**  
161 W. Michigan Avenue  
Jackson, MI 49201  
(517) 788-4012  
www.cityofjackson.org

**Applicant Information**

Business Name	Telephone No.
Contact Person	Cell Phone No.
Address	Fax No.
City, State, ZIP	E-mail Address*
Federal ID	Driver's License No.

**Workers Compensation**

Carrier	Policy No.
Issued	Expires
MESC No. (or reason for exemption)	

**License Information – Please Present Your State License to Permit Clerk**

Contractor Type <input type="checkbox"/> Builder	State Lic. No. 21	License Expiration Date
City Registration Date	Expiration Date May 31, 20	

**Permits will only be issued to the contractor applying for a permit or their qualifying licensee when authorized in writing on company letterhead by the contractor. It is the contractor's responsibility to notify this office in writing on company letterhead if they no longer authorize their qualifying licensee to apply for permits.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**\*Future correspondence can be sent via e-mail (e.g. license renewal, policy changes, inspection requests, etc.)**

For Office Use Only

- 1) Permit Clerk: Contractor cannot be registered or permits issued if license is in "hold" or "inactive" status.**
- A Current Certificate of Liability in regard to Worker's Compensation must be provided to us, by your insurance company. **ONLY** if you are *self-employed*, this requirement does not apply.
- Registration fee of \$15.00