

**CONTRACTOR REGISTRATION**  
**CITY OF SOUTH HAVEN**  
**BUILDING DEPARTMENT**  
539 PHOENIX STREET, SOUTH HAVEN, MICHIGAN 49090  
FOR INFORMATION CALL 269-637-0789

**A copy of your state contractor license(s) must be included when submitting this application.**

**The registration fee is FIVE DOLLARS (\$5).**  
Please make checks payable to the City of South Haven.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(company or individual)

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

- Check One:*
- Corporation
  - Sole Proprietor
  - Partner

- Type of Registration:*
- Electric
  - Plumbing
  - Heating
  - Cooling
  - Repairs/Alterations
  - Homebuilder

State Contractor License #: \_\_\_\_\_

Federal Tax Id #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(sole proprietor only)

Liability Insurance Carrier: \_\_\_\_\_

**A copy of my state contractor license(s) has been included.**

**Owner/Partner/Officer Name:** \_\_\_\_\_

**Owner/Partner/Officer Signature:** \_\_\_\_\_