



CITY OF HALLSVILLE

115 WEST MAIN STREET  
HALLSVILLE, TX. 75650

## CONTRACTOR REGISTRATION

CONTRACTOR LICENSING IS REQUIRED BY THE CITY OF HALLSVILLE ORDINANCE #2020-04. PLEASE CONTACT THE CITY OF HALLSVILLE IF YOU NEED ASSISTANCE.

WHEN MAKING AN APPLICATION FOR A BUILDERS PERMIT, PLEASE PROVIDE THE FOLLOWING:

- COMPLETE APPLICATION
- VALID DRIVERS PERMIT
- COPY OF VALID INSURANCE INFORMATION
- VALID STATE OF TEXAS MASTER PLUMBER/ELECTRICIAN/CONTRATOR'S LICENSE

PLEASE CHOOSE ONE OF THE FOLLOWING:

\_\_\_\_\_ **COMMERCIAL BUILDER PERMIT** (RESTRICTED) COMMERCIAL CONTRACTOR REGISTRATION

\_\_\_\_\_ **RESIDENTIAL HOME BUILDER/REMODELER** (RESTRICTED) (INCLUDES ROOFING CONTRACTORS/COMPANY)

\_\_\_\_\_ **COMBINATION BUILDER PERMIT** (INCLUDES ALL ABOVE CATEGORIES) (NON-RESTRICTED)

\_\_\_\_\_ **ELECTRICAL PERMIT CONTRACTOR** (NON-RESTRICTED)

\_\_\_\_\_ **PLUMBING PERMIT CONTRACTOR** (NON-RESTRICTED)

**BOND FORMS ARE GENERIC. MUST CONTAIN NAME OF APPLICANT AND BUSINESS NAME**

### **APPLICANT'S RESIDENTIAL INFORMATION**

FULL LEGAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **APPLICANT'S BUSINESS INFORMATION**

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE