

# HALL COUNTY

Building Department  
2807 W 2<sup>nd</sup> St  
Grand Island, NE 68803  
(308) 385-5293, FAX: (308) 385-5121

<b>For Office Use Only</b>
Date Paid: _____
Receipt No: _____
Date Issued: _____

Application is  New  Renewal

## CONTRACTOR REGISTRATION

(Please type or print in ink-If you need more space, please attach additional sheets.)

Application is for:  Contractor-\$50.00       Electrical Contractor-\$50.00  
 Plumbing Contractor-\$50.00     Mechanical Contractor-\$50.00  
 Sign Contractor/Installer-\$50.00

Business Name \_\_\_\_\_

Applicant Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Mobile # \_\_\_\_\_

Business Address outside of Nebraska \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Person \_\_\_\_\_

Licenses Held \_\_\_\_\_

Insurance/Worker's Compensation Company \_\_\_\_\_

All Contractors will need to submit a copy of your liability insurance to this office to complete this registration.

All information contained in this application is true and correct. I will notify the Hall County Building Department of any changes in the information reported on or with this application within 15 days of the change.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date