



**MONTGOMERY COUNTY GOVERNMENT
BUILDING AND CODES DEPARTMENT**

350 Pageant Lane, Suite 309
Clarksville, TN 37040
Phone 931-648-5718 Fax 931-553-5121
www.MontgomeryCountyTN.org

CONTRACTOR'S INFORMATION

Contractor/Company Name: _____
State contractor license is required to be in the name of the business. If a partnership is formed, a new state contractor's license is required to be obtained **before** bidding a job or obtaining a building permit.

Qualifying Agent: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Fax:** _____

Contractor's Mobile: _____

E-Mail Address: _____

E-Mail Address #2: _____

Contractor's License: _____ **Category:** _____

Monetary Limits: _____

General Liability Insurance \$ _____

Workers Compensation & Employers Liability \$ _____

Worker(s) Compensation Insurance is required for contractors with one (1) or more employees. They must also provide proof of General Liability Insurance. The workers compensation laws are governed by the Department of Labor and Workforce.

Person or Persons Authorized to sign and obtain permits under THIS License:

****MUST BE AN EMPLOYEE TO INCLUDE FAMILY MEMBERS****

1. _____ **Mobile:** _____

2. _____ **Mobile:** _____

3. _____ **Mobile:** _____

4. _____ **Mobile:** _____

5. _____ **Mobile:** _____

Contractor/Licenses Holder Signature

Date

For Office Use Only