

City of McLoud
P. O. Box 300
McLoud, OK 74851
Ofc: (405) 964-5264 Fax (405) 964-5244

Application for Contractor License

Circle type of license: Electrical Plumbing Mechanical Roofing

Company Name: _____

Name of Contractor: _____

Business Address: _____

Home Address: _____

Business Telephone: _____ Cell phone: _____

STATE LICENSE NUMBER: _____

The above information is a true and correct statement to the best of my knowledge. I am familiar with the, INTERNATIONAL BUILDING, ELECTRICAL, PLUMBING, AND MECHANICAL CODES; which the City of McLoud has adopted.

A COPY OF YOUR STATE LICENSE, VAILD DRIVERE'S LICENSE, AND LIABILITY INSURANCE CERTIFICATE (Listing the City of McLoud as certificate holder) MUST ACCOMPANY THIS APPLICATION.

SIGNATURE OF APPLICANT

DATE

ISSUING AGENT