

**CITY OF CLEVELAND  
CONTRACTOR LICENSE APPLICATION**  
New \_\_\_\_ Renewal \_\_\_\_

OFFICE USE ONLY	
Date Rec.	Rec. By

Date: \_\_\_\_\_  
Business Trade Name: \_\_\_\_\_  
Business Physical Address: \_\_\_\_\_  
Physical City, State, Zip: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_  
Mailing City, State, Zip: \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_  
Business Email: \_\_\_\_\_  
State Sales Tax Number: \_\_\_\_\_

**ABOUT THE OWNER**

Qualifying Person/License Holder: \_\_\_\_\_

Qualifying Person/License Holder Residence Address (No P. O. Box):

\_\_\_\_\_  
\_\_\_\_\_

Type of Ownership:       Corporation       Partnership       Sole Proprietor

If your business is a Partnership or Corporation, list the name(s) of each Partner or Officer:

Name	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

What type of business do you conduct? (Please explain in detail)

\_\_\_\_\_  
\_\_\_\_\_

How long have you been in this same business? \_\_\_\_\_

Have you ever been licensed in another jurisdiction?       Yes       No

If yes, please list which jurisdiction and provide copies of current licenses from those jurisdictions: \_\_\_\_\_  
\_\_\_\_\_

Have you ever operated a business in another name:  Yes  No

If yes, name of business and location: \_\_\_\_\_  
\_\_\_\_\_

Have you ever filed for bankruptcy in your name or business name?  Yes  No

If yes, list name filed in: \_\_\_\_\_

Have you or your business ever been named as defendant in a lawsuit?  Yes  No

If yes, please provide information on where this action was filed and the disposition of action:

\_\_\_\_\_  
\_\_\_\_\_

Please check the license for which you are applying:

- Journeyman Electrician
- Residential Electrician
- Master Electrician
- Journeyman Mechanical
- Master Mechanical
- Journeyman Plumber
- Residential Plumber
- Master Plumber
- Journeyman Gas Pipe Fitter
- Master Gas Pipe Fitter
- Lawn Irrigation Systems

Master Contractor previously employed by:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of years worked in field applied for: \_\_\_\_\_

If applying for a residential or master license, please list any Journeymen or Apprentices you will have working for you as full-time employees and provide copies of a W-4 or W-2 for each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A clear, legible, and VALID photo ID is required when submitting application and the applicant must present all necessary documentation with ID in person to the Department of Community Development located at 215 North Bayou Road in Cleveland, Mississippi. New applicants will also be required to be in attendance at a scheduled meeting of the Contractor Licensing Board for consideration of the license application.

The City of Cleveland or the Contractor Licensing Board reserves the right to have an investigation done on the applicant or business to verify information on this application.

### **AFFIDAVIT**

I do solemnly swear that the information given above is true and correct to the best of my knowledge. This information is subject to audit by the City of Cleveland or the Contractor Licensing Board. Any person who willfully makes any false statements on an application for license shall be subject to revocation of license(s) and/or permits issued.

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Applicant's signature

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Date