



CITY OF KILLEEN CONTRACTOR REGISTRATION

ELECTRICAL CONTRACTOR <input type="checkbox"/>	STATE LICENSE No. ISSUED TO: (IF APPLICABLE)
FIRE SUPPRESSION CONTRACTOR <input type="checkbox"/>	_____
GENERAL CONTRACTOR <input type="checkbox"/>	_____
LAWN IRRIGATION CONTRACTOR <input type="checkbox"/>	_____
MECHANICAL CONTRACTOR <input type="checkbox"/>	_____
PLUMBING CONTRACTOR <input type="checkbox"/>	_____
SIGN CONTRACTOR <input type="checkbox"/>	
SWIMMING POOL CONTRACTOR <input type="checkbox"/>	
BUSINESS NAME :	
BUSINESS ADDRESS : STREET: _____	
CITY: _____ STATE: _____ ZIP: _____	
MAILING ADDRESS : STREET: _____	
(IF DIFFERENT) CITY: _____ STATE: _____ ZIP: _____	
CONTRACTOR NAME :	
PHONE ()	CELL PHONE()
SIGNATURE OF APPLICANT:	DATE:
EMAIL:	
App. No. _____	Fee Paid \$80.00 Issued By: _____
EXPIRES : <u>12/31/2016</u>	