**CONTRACTOR LICENSE**

**TOWN OF CASHION**

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY NAME** | | **PERMIT #** | |
|  | |  | |
| **MAILING ADDRESS – include City, State, Zip** | |  | |
|  | | | |
| **OFFICE #** | **CELL #** | | **EXPIRATION DATE** |
|  |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE** | **AMOUNT** | **PAID** | **CLERK INITIALS** |
| **Contractor License – Annual** | **$75** |  |  |

*Please provide a copy of the following documents:*

*Driver’s license*

*Contractor license*

*Bond*

*Copy of permit is attached.*