OCCUPATIONAL REGISTRATION APPLICATION Please provide a copy of your valid Driver's License, State Sales Tax Permit, Bond, Proof of Current Liability and Workers Compensation Insurance.

I YPE OF REGISTRATION						
	Electrician	Plumber	Mechanical CIRCLE ONE	Roofing	Itinerant/Vendor	
Name of E	Business:					
Type of B	usiness:					
Business a	nddress:					
Mailing A	ddress:					
City:		Sta	ite:	Zip:		
Contractor	r					
Contact Pe	erson:					
Home add	ress:					
Driver's L	icense #:					
Date of Bi	rth:			_		
Phone nun	nber:		Fax:			
E-mail:	· · · · · · · · · · · · · · · · · · ·					
	pational License N					
State Sales	s Tax ID#:					
Vehicle ID	D# (tag):					

TYPE OF REGISTRATION

I hereby declare that the information provided in this application is accurate to the best of my knowledge. I agree to comply with the all Watonga City ordinances and a copy of this application and of the Watonga City Ordinances pertaining Occupational Licenses under Section 9 of the City Code which was given to me at the time of submitting my application.

Signature:_____

Date:	

Shyla Teply Watonga City Clerk