



# CITY OF LAREDO

## BUILDING DEVELOPMENT SERVICES

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1413 Houston St., Laredo, Texas, 78040 • Phone: 956.794.1625 • bldgpermits@ci.laredo.tx.us

### General Contractor's Registration Form

**Name of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Principal Office:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Fax #** \_\_\_\_\_

**Tax I.D.** \_\_\_\_\_

Corporation

Partnership

Individual

Joint Venture

Other

**Name of Contact:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

#### 1. Organization

How many years has your organization been in business as a Contractor? \_\_\_\_\_

How many years has your organization been in business under its present business name? \_\_\_\_\_

Under what other or former names has your organization operated?

\_\_\_\_\_

If your organization is a corporation, answer the following:

Date of incorporation: \_\_\_\_\_

State of incorporation: \_\_\_\_\_

President's name: \_\_\_\_\_

Vice-president's name(s): \_\_\_\_\_

\_\_\_\_\_

Secretary's name: \_\_\_\_\_

Treasurer's name: \_\_\_\_\_

If your organization is a partnership, answer the following:

Date of organization: \_\_\_\_\_

Type of partnership (if applicable): \_\_\_\_\_

Name(s) of general partner(s): \_\_\_\_\_

If your organization is individually owned, answer the following:

Date of organization: \_\_\_\_\_

Name of owner: \_\_\_\_\_

If the form of organization is other than those listed above, describe it and name the principals:

\_\_\_\_\_

\_\_\_\_\_

## 2. Licensing

List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable. \_\_\_\_\_

\_\_\_\_\_

List jurisdictions in which your organization's partnership or trade name is filled.

\_\_\_\_\_

\_\_\_\_\_

## 3. Experience

List the categories of work that your organization normally performs with its own forces.

\_\_\_\_\_

List numbers of years of experience: \_\_\_\_\_

## 4. References

Trade References 1. \_\_\_\_\_

2. \_\_\_\_\_

Bank References 1. \_\_\_\_\_

2. \_\_\_\_\_

Insurances: General Liability: \_\_\_\_\_

Builders Risk: \_\_\_\_\_

Name and address of agent: \_\_\_\_\_

\_\_\_\_\_

I certify that all information is correct and any misrepresentation will be grounds for cancellation of registration.

**5. Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Email application to: [bldgpermits@ci.laredo.tx.us](mailto:bldgpermits@ci.laredo.tx.us)**