

Staff Use Only
Registration #:

WBR Parish Contractor Registration Application

1. TYPE OF STATE LICENSE(S) _____

2. COMPANY INFORMATION

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS (if different) _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

Office # _____ Cell # _____ Fax # _____

3. OWNER INFORMATION (NAME OF PERSON HOLDING LICENSE)

NAME _____

4. IF THE COMPANY HAS MORE THAN ONE OWNER, PLEASE COMPLETE THE FOLLOWING:

PRESIDENT / OWNER _____

VICE PRESIDENT _____

5. BELOW ITEMS REQUIRED FOR REGISTRATION

- Parish Registration Fee (\$100.00)
- Copies of all applicable **current State Licenses**
- Copy of government picture **ID of registration holder**
- Copy of **Certificate of Liability** insurance showing **West Baton Rouge Parish Office of Community Development** as the certificate holder. (Certificates must be a minimum of **\$300,000 in General Liability** insurance & must show Policy Number, Effective Date, & Expiration Date)
- (**Plumbers Without A State of Louisiana Contractor License**) \$5,000 Surety Bond in favor of the Parish of West Baton Rouge
- If additional approved personnel for signing building permit applications Submit a list on the company letterhead signed by owner or President
- Copy of **Occupational License** from WBR (if domiciled here) or from any other jurisdiction in the state
- Copy of **Sales and Use Tax Registration from WBR Revenue 225-336-2408 (A MUST FOR ALL CONTRACTORS)**
- (Plumbing Contractors) Copy of **Certification Card** in Order to **Install "Flexible Gas Conduit"**
Notarized statement shown here:

I understand that the statements in this application are subject to verification. False or misleading statements may be cause for disapproval or revocation of registration and/or fines and penalties. I further certify that if I terminate my association with this company, or for any reason cease to be the qualifying party, I will notify the West Baton Rouge Office of Community Development of this fact, in writing, within thirty (30) days. I realize that a notary must witness my signature before this registration will be processed. I further understand that this registration expires on December 31st of the year that it was issued.

On this day of _____, 20____, I certify that the foregoing is true and correct.

Qualifying Party Signature _____

Notary Signature _____ Date _____

Notary License Number _____ My commission expires _____

List of Approved Personnel for Signing Permit Applications

Company : _____

1. _____

2. _____

3. _____

4. _____

5. _____

Owner/President Signature: _____