

City of Dumas

Application for Contractors License

Fax 806-935-6104
Phone 806-935-4101

Contractor License

Date:

Last Name	First Name	Middle Initial
Address	City, State, Zip	Phone# (Home)
Company Name	Owner	
Address	City, State, Zip	Business Phone #
		Cell Phone#
Type of Contractor and License # <input type="checkbox"/> Electricial <input type="checkbox"/> Builder <input type="checkbox"/> Irrigator <input type="checkbox"/> Mechanical <input type="checkbox"/> Roofers		
\$ 1,000.00 Surety Bond <input type="checkbox"/> Yes <input type="checkbox"/> No Date Bond Expires:		

Your signature below certifies that you are licensed as stated above.

Signature of Applicant _____ Date _____

Approved by City Inspector Yes No