

CHICO TEXAS



Est. 1950

BUSINESS REGISTRATION

HEART OF CRUSHED LIMESTONE INDUSTRY  
P. O. BOX 37  
CHICO, TEXAS 76431  
PHONE: (940) 644-2435 FAX: (940) 644-2076

TYPE OF CONTRACTOR

- |                                      |                                     |                                     |                                     |
|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> GENERAL     | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> PLUMBING   |
| <input type="checkbox"/> POOL        | <input type="checkbox"/> BACKFLOW   | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> SIGN        | <input type="checkbox"/> MOVING     | <input type="checkbox"/> LANDSCAPE  |                                     |
| <input type="checkbox"/> OTHER _____ |                                     |                                     |                                     |

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MASTER LICENSE HOLDER: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAVE YOU REGISTERED A BUSINESS WITH THE CITY OF CHICO PREVIOUS TO THIS REGISTRATION? YES NO

IF SO, PLEASE LIST THE NAME OF BUSINESS AND INCLUDE THE APPROXIMATE REGISTRATION YEARS. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

PLEASE INCLUDE COPY OF MASTER LICENSE, DRIVER'S LICENSE AND C.O.I.