

CONTRACTOR REGISTRATION FORM

(This form is required for contractors performing work in Saugatuck Township)

Company Name: _____

Licensee Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Email: _____ Phone: _____

Federal Employer ID (or exemption):		Works Comp Carrier (or exemption):	
Expiration:		Expiration:	
MESC (or exemption):		Liability Insurance:	
Expiration:		Expiration:	
License Type	Master License #	Contractor License #	Expiration Date
Electrical			
Mechanical			
Plumbing			
Residential Builder			
Maintenance/Alter.			
Sign Specialty			

Submit this completed form along with a copy of your valid contractor's license(s) and any applicable fees to the Saugatuck Township office.

REGISTRATION WILL EXPIRE WHEN THE CONTRACTOR'S LICENSE(S) EXPIRES.

By signing below, I confirm:

1. The information on this form is accurate to the best of my knowledge.
2. I will submit permit applications for work requiring a permit, as mandated by State Law.
3. I will not begin work until all permit fees are paid and the permit documents are received.
4. I will schedule required inspections with at least 72 hours' notice.

Signature of Applicant _____ Printed Name _____ Date _____

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APPLICATION UPDATED MAY 2025