

City of York Contractor Application

Date: _____

I hereby make application to be registered to perform work in the City of York and the two-mile extraterritorial zoning jurisdiction as a (Check all that apply).

Plumbing Contractor

Utility Contractor

Electrical Contractor

Water Conditioning Contractor

Mechanical Contractor

General Contractor

Tree Surgeon

Attached hereto find insurance certificate showing the City of York as additionally insured with coverage of \$300,000 Public Liability and \$100,000 Property Damage.

Also attached is a list of all workmen associated with my registration.

State issued photo ID is attached.

Submitted herewith are any and all registration fees:

Fee for Each Annual Contractor Registration: \$100.00

Print Name: _____

Signed: _____

Company Name: _____

Company Address: _____

Phone: _____

Email: _____

All contractor licenses expire each year on December 31st.



Administrative Offices
P.O. Box 276
100 E. 4th Street
York, NE 68467