



Building Inspections

### 2021 LICENSED CONTRACTOR RENEWAL REGISTRATION FORM

2121 Cross Timbers Road  
Flower Mound, TX 75028  
(972) 874-6355

Registration fee: \$125.00.  
Registration is valid for the 2021 calendar year.

**ONLY 2020 REGISTERED CONTRACTORS RENEWING THEIR CONTRACTOR REGISTRATION WITH NO CHANGES TO THE COMPANY NAME OR LICENSE HOLDER NAME SHOULD USE THIS FORM.**

Contractor Type:  Master Electrician       Master Plumber       Irrigation  
 Master Sign Electrician       Mechanical

Business Name: \_\_\_\_\_

License Holder\*: \_\_\_\_\_

\*The license holder will be held responsible for seeing that all work being performed under this registration is completed and in compliance with Town codes and ordinances.

Physical Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

**Personnel authorized to obtain a permit under this business name** (use company letterhead for additional names):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
**ORIGINAL Signature of License Holder**

\_\_\_\_\_  
**Printed name of License Holder**

**License Holder:** Please attach a legible copy (text and picture) of your current driver's license, or if you do not possess such a valid driver's license, then such other identity card or document issued by the federal or state government containing your picture and signature, and current professional license issued by the State of Texas.

IF REGISTERING BY MAIL, YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO RECEIVE A RECEIPT OF PAYMENT. REGISTRATION IS VALID FOR THE CALENDAR YEAR YOU ARE REGISTERING IN UNLESS YOU ARE REGISTERING IN DECEMBER, IN WHICH CASE, YOUR REGISTRATION WILL CARRY OVER TO THE FOLLOWING CALENDAR YEAR.

**IF REGISTERING BY EMAIL, THIS FORM ALONG WITH A COPY OF THE LICENSES MUST BE EMAILED TO BIPERMITSUBMITTAL@FLOWER-MOUND.COM. ALL FEES ARE NON-REFUNDABLE.**

\*\*\*\*\*  
FOR OFFICE USE ONLY

REVIEWED BY \_\_\_\_\_

FEE AMOUNT PAID \$ \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_