



FLOWER MOUND FIRE DEPARTMENT

FIRE MARSHAL'S OFFICE

3911 SOUTH BROADWAY AVENUE | FLOWER MOUND, TEXAS 75028

PHONE (972) 874.6270 | www.flower-mound.com

CONTRACTOR REGISTRATION

New Installation Addition Replacement Remodel

- | | | |
|---|--|---|
| <input type="checkbox"/> Fire Alarm System (No Fee) | <input type="checkbox"/> Fire Sprinkler (No Fee) | <input type="checkbox"/> Fire Service Underground |
| <input type="checkbox"/> Emergency Responder Radio | <input type="checkbox"/> Gates Across Fire Lanes | <input type="checkbox"/> Smoke Control Systems |
| <input type="checkbox"/> Commercial Kitchen Hood | <input type="checkbox"/> Access Control | <input type="checkbox"/> Fuel Tanks (UGST/AGST) |
| <input type="checkbox"/> FARS | <input type="checkbox"/> Access Controls | |
| <input type="checkbox"/> Other: _____ | | |

BUSINESS NAME _____

OWNER/OFFICER of the COMPANY* _____ **TITLE** _____

* (Officer of the company – i.e. President, Vice President, CEO. This person and/or the license holder will be responsible for seeing that all work being performed under this registration is completed and in conformance with Town codes and ordinances.)

ADDRESS _____

CITY: _____ **STATE** _____ **ZIP** _____

PHYSICAL ADDRESS (if different) _____

CITY: _____ **STATE** _____ **ZIP** _____

BUSINESS PHONE # (____) _____ **FAX #** (____) _____

CELL PHONE # (____) _____ **E-MAIL ADDRESS** _____

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

NAME: _____ **TITLE:** _____

NAME: _____ **TITLE:** _____

ORIGINAL Signature of License Holder**

Printed Name of License Holder

License Holder: Attach a copy of your current driver's license and current professional license issued by the State of Texas.

** This form must be notarized if any person is registering for you or if you are registering by mail. 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. No renewal notice will be sent.

CONTRACTOR REGISTRATION FEE (SEC 38-11)	
TOTAL REGISTRATION FEE	\$35.00

*****Fire alarm and Fire sprinkler contractors exempt from fee*****

FOR OFFICE USE ONLY

Date Submitted: _____ Permit Number: _____ Total Permit Fee Due \$ _____

Paid By: [] Cash [] Check/M.O. # _____ [] Credit Card _____

Received By: _____ Receipt No: _____



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CONTRACTOR REGISTRATION

This form must be notarized if any other person is registering for you or if you are registering by mail, email, or fax. If registering by mail, you must include a self-addressed stamped envelope to receive a receipt of payment by return mail. Registration is valid for one year from the date of registration. REGISTRATION FEES ARE \$35.00 PER LICENSE/REGISTRATION BEING REGISTERED (except for fire alarm and fire sprinkler/ Sprinkler line Utility, contractors who are not charged a registration fee).

The State of Texas

County of _____ §

BEFORE ME, the undersigned authority, on this day, personally appeared known to me to be the person whose name is subscribed to the foregoing instrument and, being by me the first duly sworn, upon oath, declared that the statements and capacity acted in are true and correct.

Signature

Title

Subscribed and sworn to before me, this ___ day of _____ 20___ A.D., to certify which witness.

Notary Public – Signature