



GENERAL CONTRACTOR REGISTRATION APPLICATION FORM

Mailing Address: 305 N. Dallas St. – P.O. BOX 97 Rice, TX 75155

Phone# (903) 326-7500

Email: bfunes@ricetx.gov

Fill out the form, and return to the address above.

Please provide a copy of your current state license along with the registration form.

_____ I would like register as a General Contractor with the City of Rice

General Contractor Name/Company Name: _____

Business Address: _____ City: _____ State _____

Phone: _____ Fax: _____ Email: _____

State of Texas License number (if applicable): _____

I am of good character and reputation and skilled in the profession of General Contractor; and am willing to be governed by the City of Rice, Texas and Ordinances relative to such work under the license herein sought.

Signature: _____ Date: _____

THIS SECTION FOR OFFICE USE ONLY

Do not fill out this portion of the form.

Registration Number: _____

Date Registration Issued: _____

Date Registration Sent: _____