



**TOWN OF CROSS ROADS  
CONTRACTOR REGISTRATION FORM**

Office: 940-365-9693 Fax: 469-375-5905  
1401 FM 424, Cross Roads, Texas 76227

Email completed registration to [applications@crossroadstx.gov](mailto:applications@crossroadstx.gov).  
There is NO FEE for registration.



Date Submitted: \_\_\_\_\_

**TYPE OF REGISTRATION:**

- |  |                                     |                                      |
|--|-------------------------------------|--------------------------------------|
| Builder/General Contractor: <input type="checkbox"/> | HVAC: <input type="checkbox"/>      | Electrical: <input type="checkbox"/> |
| Fire Suppression: <input type="checkbox"/>           | Septic: <input type="checkbox"/>    | Other: <input type="checkbox"/>      |
|  | Plumbing : <input type="checkbox"/> |                                      |

**COMPANY INFORMATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PERSONNEL AUTHORIZED TO OBTAIN A PERMIT UNDER YOUR COMPANY**

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

Contractor License Number: \_\_\_\_\_

Contractor License Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Will your sales tax be applied to Cross Roads for projects done within Cross Roads? Yes  No

**ITEMS NEEDED AT TIME OF SUBMISSION**

- Legible copy of current driver's license
- Legible copy of current contractor's registration/or license
- Copy of General Liability Coverage

**We must have a CURRENT copy of contractor's registration/or license.  
If you submit with non-current information, you will be considered NOT registered  
and must resubmit this registration form with current information.**

**Town of Cross Roads' Use Only**

Date completed application received: \_\_\_\_\_

Expiration Date: \_\_\_\_\_