



**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

Date Submitted: _____

TYPE OF REGISTRATION:

- Builder/General Contractor: HVAC: Electrical:
 Fire Suppression (no fee): Septic: Other:
 Plumbing (no fee):

COMPANY INFORMATION

Company Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Daytime Phone: _____
 Fax Number: _____
 Email Address: _____

CONTRACTOR INFORMATION

Contractor 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: _____
 Amount Due: _____
 Receipt Number: _____
 Expiration Date: _____