



**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)

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.**

**ANNUAL REGISTRATION FEE: \$50**

**Town of Cross Roads' Use Only**

Date completed application received: \_\_\_\_\_  
 Amount Due: \_\_\_\_\_  
 Receipt Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_