

City of Walker  
Community Development Department  
4243 Remembrance Rd., N.W., Walker, MI 49534  
PHONE: (616) 791-6858 FAX: (616) 791-6881  
[www.ci.walker.mi.us](http://www.ci.walker.mi.us)

E-MAIL A COPY OF THIS FORM TO:  
SWIERZBICKI@WALKER.CITY

**NOTICE TO ALL CONTRACTORS:**

This letter is to remind you that the registration of your State of Michigan license is due with the City of Walker. An active registration will make you eligible to apply for permits in the City of Walker.

Please enclose a copy of your current State of Michigan License and worker's comp. insurance (**if applicable**), with your application. **Application will not be processed without these copies.**

**Please fill out the form below and return the entire form to the Community Development Department, with copies and a check payable to the *City of Walker*.**

If you have any questions, please contact us at (616) 791-6858

**APPLICATION FOR REGISTRATION OF CONTRACTOR'S LICENSE  
CITY OF WALKER  
(TERM OF LICENSE)**

**Please Check Below:**

Invoice No: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Plumbing (master) \_\_\_\_\_ \$10

Sign Specialty \_\_\_\_\_ \$15

Electrical (master) \_\_\_\_\_ \$15

Fire Alarm \_\_\_\_\_ \$15

Mechanical \_\_\_\_\_ \$15

Commercial \_\_\_\_\_ \$15

Residential \_\_\_\_\_ \$15

Storm Water \_\_\_\_\_ \$15

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

Business Address: \_\_\_\_\_  
Address City State Zip code

Business phone # \_\_\_\_\_ Cell phone No. \_\_\_\_\_

Name of person licensed: \_\_\_\_\_

Master License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature of person licensed/registered: \_\_\_\_\_

**ENCLOSE CHECK FOR YOUR REGISTRATION FEE: (one registration per application)**

**ENCLOSE A COPY OF YOUR LICENSE & INSURANCE: (NOT FOR COMMERCIAL)**