

**Solon Township** 

Kent County 15185 Algoma Ave Cedar Springs, MI 49319 Tel 616 696-1718 Fax 616 696-3970 April 2022

**Dear Contractor:** 

Solon Township began registering contractors using the license cycle as the term of registration. The registration and copy of your contractor's license in our files have expired. Please read sign and return the registration form with a copy of your contractor's license and the required fee.

## Please return

- the enclosed **registration form**
- along with a copy of your renewed contractor's license
- and the \$20.00 registration fee.

All contractors must be registered with the township *before* they may obtain a permit.

Registrations, fees and permit applications should be sent to the Solon Township Building Official at the following address:

Solon Township 15185 Algoma Ave Cedar Springs, MI 49319

Thank you for your cooperation.

Sincerely,

Rodney Ellick Building Administrator

RE/cra



Office Use Only: Registration I.D. #

**Solon Township** 

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## SOLON TOWNSHIP CONTRACTOR REGISTRATION

Please read, sign and return the registration form with a copy of your contractor's license and the required fee.

Please return:
Registration Form
Copy of your Contractor License
\$20.00 registration fee

| Please provide the following inform | nation.                          |                        |
|-------------------------------------|----------------------------------|------------------------|
| Contractor's Business Name:         |                                  |                        |
| Contractor's License Number:        | (include a copy of your license) |                        |
| Expiration Date:                    |                                  |                        |
| License Issued By:                  |                                  |                        |
| Contractor's Business Address:      |                                  |                        |
|                                     | (Street)                         |                        |
| (City)                              | (State)                          |                        |
| Contractor's Business Phone:        | Fax:                             |                        |
| Cell Phone:                         | E-mail address                   |                        |
| Contact Person:                     |                                  |                        |
| Federal I.D. #:                     | Worker's Comp Carrier:           |                        |
| MESC Employer #:                    | Driver's License #               |                        |
| Date:                               |                                  |                        |
|                                     | Contractor/License Hol           | der's signature, Title |

Mail to: Rodney Ellick

15185 Algoma Ave., NE Cedar Springs, MI 49319