

**CITY OF WARR ACRES, OKLAHOMA  
CONTRACTOR LICENSE APPLICATION**

DATE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTORS LICENSE (CHECK ONE)

ELECTRICAL ( )    FIRE SPRINKLER ( )    MECHANICAL ( )  
PLUMBING ( )    ROOFING ( )    SIGN ( )

STATE LICENSE NUMBER \_\_\_\_\_ STATE LICENSE EXPIRATION \_\_\_\_\_

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Amount Collected \$ \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION MUST BE COMPLETED IN FULL