



Department of Community Development

LICENSE REGISTRATION/RENEWAL INFORMATION FORM

Type of License Renewal: _____
(contractor, plumbing, mechanical, electrical)

Michigan Contractors License Number: _____

Expiration Date: _____

Contractor Name: _____

Business Name: _____

Contractor Address: _____

City: _____ State: _____ Zip: _____

Contractor Telephone Number: _____

Contractor Email: _____

Federal Employer I.D. Number (or reason for exemption): _____

Workers Comp. Insurance (or reason for exemption): _____

MESC Employer Number (or reason for exemption): _____

Note: Please attach a photocopy of your contractor's license.

Contractor's Signature

Please e-mail the completed form to: BuildingApplications@portagemi.gov

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