



CITY OF PORT ARANSAS
 710 W. AVENUE A
 PORT ARANSAS, TEXAS 78373-4128
 361-749-4111
 FAX 361-749-4723
www.cityofportaransas.org

General Contractor License Application

Date: _____

Telephone #: _____

Social Security #: _____

Fax #: _____

Mobile Phone #: _____

Print or Type

 First Name Middle Name Last Name

 Resident Address City State Zip

 Company Name Address City State Zip

 DOB: Month/Day/Year Sex Color Eyes Color Hair Height Weight

Type of License You Are Applying For

- ___ General - \$100.00 ___ Remodel-Repair - \$50.00 ___ Concrete/Swimming Pool - \$100.00
- ___ Roads & Streets - \$100.00 ___ Roofing - \$100.00 ___ Sign - \$100.00
- ___ Painting/Siding - \$50.00 ___ Other (priced accordingly)

The following question must be answered by circling Yes or No, and submitting the information requested accordingly.

Are you currently registered with the state as a general contractor or remodel contractor? YES NO
 If yes, list your registration number _____ Ex. Date _____

If no, you must be registered with the state in order to apply for contractor license with the City of Port Aransas.

FOR OFFICIAL USE ONLY

Application for the 20 calendar year. Date of Expiration: _____

Application received by: _____ Date: _____

