



**EL RENO**  
WE'RE PROUD OF OUR *routes.*

## Community Development Department

101 N. Choctaw El Reno, OK 73036 • (405)-295-9317

### Contractor License & Renewal

#### BUSINESS INFORMATION

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner of Building: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Seasonal or Temporary? ☐ Seasonal ☐ Temporary

Sales Tax ID#: \_\_\_\_\_ EIN (or SS#): \_\_\_\_\_

#### OWNER/APPLICANT INFORMATION

Owner/Assignee Name: \_\_\_\_\_

Owner/Assignee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* If business has a physical location, please fill out below:**

#### ALARM/BUSINESS IDENTIFICATION PROGRAM

Typical Operating Hours & Days: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_ Number of Part Time Employees: \_\_\_\_\_

Are there hazardous chemicals stored on the premises? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

Does your business have an alarm? ☐ Yes ☐ No

**If yes, please complete information below:**

Alarm Company Name: \_\_\_\_\_ State License #: \_\_\_\_\_

Alarm Company Phone #: \_\_\_\_\_ Type/Coverage of Alarm: \_\_\_\_\_

**Type of license:**      ☐ General Contractor      ☐ Electrical      ☐ Plumbing  
                         ☐ Roofing      ☐ Mechanical

**Please include the following with your application:**

- ☐ Copy of State Issued Photo ID
- ☐ Copy of Occupational License
- ☐ Check made out to the City of El Reno (\$150 new/\$50 renewal)

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_