



ArlingtonPermits.com
THE ONE START CENTER

Walk In Application Business Registration

(DO NOT FAX OR E-MAIL APPLICATION)



Business Owner's Name (**individual – not business**)*: _____

Owner's Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____ Fax #: (____) _____ Email: _____

*A legible copy of a current government photo ID is required to be submitted for the business owner.

Licensee's Name (**individual – not business**)*: _____

Licensee's Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____ Fax #: (____) _____ Email: _____

*A legible copy of a current government photo ID is required to be submitted for the licensee.

Applicant's Name (**individual – not business**)*: _____

Applicant's Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____ Fax #: (____) _____ Email: _____

*A legible copy of a current government photo ID is required to be submitted for the applicant.

Please check only one type of Business Registration:

- | | |
|---|---|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Fence Contractor |
| <input type="checkbox"/> New Home Builder / Remodeler | <input type="checkbox"/> Swimming Pool Contractor |
| <input type="checkbox"/> Plumbing Contractor | <input type="checkbox"/> House Move Contractor |
| <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> Concrete Contractor |
| <input type="checkbox"/> HVAC Mechanical Contractor | <input type="checkbox"/> Fire Alarm Contractor |
| <input type="checkbox"/> Irrigation Contractor | <input type="checkbox"/> Fire Sprinkler Contractor |
| <input type="checkbox"/> LP Gas Contractor | <input type="checkbox"/> Fire Extinguisher Contractor |
| <input type="checkbox"/> Sign Contractor | <input type="checkbox"/> UST Contractor |
| <input type="checkbox"/> Maintenance Contractor | |

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local ordinances regulating construction, the performance of construction or the use of any land or buildings.

The Business Owner of a registered contractor is required to ensure the accurate revision of information, including any change of the address or telephone number, within ten (10) days from the date that the previous information becomes invalid for any reason. The registration is not transferable to any other person, firm or cooperation without a notarized statement from the business owner (registrant).

Public liability insurance in the amount of not less than \$500,000 per occurrence and aggregate required for contractors performing work in the City right of way and for electrical contractors. Registered plumbing contractors must have a current certificate of insurance on file with the Texas State Board of Plumbing Examiners.

Original Signature of Business Owner/Registrant: _____

Date: _____

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the City of Arlington government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

For future reference, your business registration number is _____ BR. Please retain this number.

Before submitting application, complete all required information on pages 2 and 3:

1. Business Type (check one only):

- Corporation
- LLC
- Partnership
- Sole Proprietor

2. Business Address – Street Number: _____

3. Business Address – Street Name: _____

4. Business Address – Street Type: _____ (Example: Drive, Court, etc)

5. City: _____ State: _____ Zip Code: _____

6. Business Phone Number: (_____) _____

7. Name of Business: _____

8. Is this a 2- year registration? Yes No

9. Will you work in the City Right of Way (public street and parkway)?

Yes No

10. Certificate of Liability Insurance Expiration Date: _____

Note: Certificate of Liability Insurance required for Electricians and all other contractors performing work in City Right of Way. Applicant must submit:

1. **an original, embossed** certificate with an original cover letter from the insurance company via mail or in person, or
2. a **faxed** certificate with a cover sheet from the insurance company.
Fax to City of Arlington at 817-459-6669.

The Certificate of Liability is required to list the City of Arlington Building Inspections as the Certificate Holder:

City of Arlington
Building Inspections
101 W. Abram Street, MS 01-0241
Arlington, TX 76004-3231

Insurance Amounts (working in City Right of Way):

\$500,000 per occurrence, minimum
\$500,000 per aggregate, minimum

Insurance Amounts (Electricians):

\$300,000 per occurrence (combined for property damage and bodily injury)
\$600,000 aggregate (total for property damage and bodily injury coverage)
\$300,000 aggregate (products and completed operations)

For each type of registration, provide the necessary information as well as copies of licenses.

Complete For **Electrical Contractor** Registration:

TX Electrical Master License #: _____ License Exp Date: _____

TX Electrical Contractor License #: _____ License Exp Date: _____

Complete For **Sign Contractor** Registration:

TX Electrical Master License #: _____ License Exp Date: _____

Or

TX Electrical Sign Master License # _____ License Exp Date _____

And TX Electrical Sign Contractor License #: _____ License Exp Date: _____

Complete For **Plumbing Contractor** Registration:

Plumbing Master License # _____ License Exp Date _____

Med Gas Endorsement (if available) _____

Complete For **HVAC Contractor** Registration:

License Type _____ License # _____ License Exp Date _____

Complete For **Irrigator's Contractor** Registration:

Irrigation License # _____ License Exp Date _____

Complete For **LP Contractor** Registration:

LP Gas RR License # _____ License Exp Date _____

Complete For **Fire Alarm Contractor** Registration:

FA Superintendent's License # _____ License Exp Date _____

FA Superintendent's Name _____

FA State Registration# _____ Registration Exp Date _____

Complete For **Fire Sprinkler's Contractor** Registration:

FS RME's License # _____ License Exp Date _____

FS State Registration# _____ Registration Exp Date _____

FS RME's Name _____

Complete For **Fire Extinguisher Contractor** Registration:

FE State Registration# _____ Registration Exp Date _____

Complete For **Underground Storage Tank Contractor** Registration:

UST Contractor State License# _____ License Exp Date _____

Complete For **Water Treatment Contractor** Registration:

Water Treatment Specialist License# _____ License Exp Date _____

For **Maintenance Contractor** Registration: Full time employee, attach copy of current check stub as proof of full time employment.



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**Business Registration Agent Form -
Adding and Removing Agents**



This form may only be completed by the owner (registrant) of the registered contractor in order to add or remove agents. The **registrant** is the individual on file with the City of Arlington as the responsible party for the contractor. The authorized **agent** will be able to apply for permits, check the status of permit applications, request and cancel inspections, check inspection results and pay fees.

This form must be completed and submitted any time an agent is added or removed.

Please type or print agent name (First Name, Middle Initial, Last Name):

- Add Remove: _____

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Any person convicted of making false statements shall be fined not more than \$1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the City of Arlington government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

I certify that all information provided is true and correct as of the date of this statement, that I have not knowingly withheld disclosure of any information requested; and that supplemental statements will be promptly submitted to the City of Arlington, Texas, as changes occur.

Registered Contractor's Business Name: _____

Owner's (Registrant of Record) Name: _____

Original Signature of Owner (Registrant)



Business Registration
"People" Record



Each person making application for a permit or business employee that represents the company as an agent must complete this form.

Please type or clearly print all information:

Last Name: _____ **First Name:** _____ **MI:** _____

Home Street Address or PO Box: _____

City, State, Zip Code: _____

Cell Phone Number: (____) _____ **Email:** _____

Name of business or organization (optional): _____

People type (circle only one):

Applicant, Owner, Engineer, Architect, Surveyor, Designer, Agent, General Contractor, Sign Contractor, Electrical Contractor, Business Owner, Plumbing Contractor, New Home Builder/Remodeler, HVAC Mechanical Contractor, Mechanical Contractor, Irrigation Contractor, LP Gas Contractor, Maintenance Contractor, Home Owner Registration, Fence Contractor, Swimming Pool Contractor, House Move Contractor, Concrete Contractor, Fire Alarm Contractor, Fire Sprinkler Contractor, Fire Extinguisher Contractor, Pyrotechnic Contractor, UST Contractor