



CONTRACTOR LICENSE APPLICATION

City of Lindale
P.O. Box 130 /105 Ballard Dr.
Lindale, TX 75771
Phone: 903-882-6861 Fax: 903-881-8170
Email: iselag@Lindaletx.gov

Application Date: _____

Contractor License # _____
(Office Use Only)

Company Information

Name: _____

Address, City, State, Zip: _____

Office: _____ Fax: _____ Email: _____

Owner's Name: _____ Cell No. _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Asphalt Contractor | <input type="checkbox"/> Fire Protection Contractor | <input type="checkbox"/> Roofing Contractor |
| <input type="checkbox"/> Building/ General Contractor | <input type="checkbox"/> House Moving Contractor | <input type="checkbox"/> Electrical Sign Contractor |
| <input type="checkbox"/> Backflow Prevention Assembly Tester | <input type="checkbox"/> Irrigation Contractor | <input type="checkbox"/> Sign Contractor |
| <input type="checkbox"/> Concrete Contractor | <input type="checkbox"/> Mechanical Contractor | <input type="checkbox"/> Utility Contractor |
| <input type="checkbox"/> Dirt Contractor | <input type="checkbox"/> Plumbing Contractor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> Pool Contractor | |

Master Name: _____ License #: _____ Exp: _____

Company State License # (if applicable): _____ Exp: _____

All contractors that perform work inside the city limits are required to register with the City of Lindale. Registration issued shall expire at 12:00 midnight, one year from date of issuance, and shall be renewed on or before such date by payment of the prescribed fee of \$100.00. You can mail a check, money order and pay at the office by credit card or cash.

If you have any questions you can email iselag@lindaletx.gov or call 903-882-6861.

Requirements for acquiring a Contractor's License with the City of Lindale:

1. A copy of Driver's License
2. A copy of Texas State License (if applicable)
3. A copy of Master's License (if applicable)
4. A copy of current General Liability Insurance Coverage
5. A registration annual fee of \$100.00

Applicant Name: _____ Cell No. _____