

RESIDENTIAL BUILDER COMPANY OR MAINTENANCE AND ALTERATION CONTRACTOR COMPANY LICENSE OR RELICENSURE APPLICATION (This Form Should Not Be Used For License Renewal)

Authority: 1980 PA 299, MCL 338.3434a

Company Name						Jurisdiction of Organization				
Assumed Name (if applicable)							Permanent I.D. Number (if applicable)			
Check Entity Type: Corporation Limited Liability Company (LLC) Limited Liability Partnership (LLP) Limited P						Ger artnership (L		Partnership		
Business Address (Not a PO Box)			City				State	ZIP Code		
Telephone Number				E-Mail Address						
QUALIFYING OFFICER INFORMATION										
Name Permanent						I.D. Number	or las	t 4 digits of 3	Social Security Number	
	CHI		SE TYPE				FO	R OFFICE U	SEONLY	
						License Num	nber		Issue Date	
Residential Builder Company License\$195.00Residential Builder Company Relicensure\$185.00Maintenance & Alteration Contractor Company License (You must check one or more trade(s) below)\$195.00			(2102-01 : (2102-15 :	= \$165.00) = \$ 30.00)						
				= \$170.00) = \$ 15.00)						
			(2104-01 = \$165.00) (2104-15 = \$30.00)							
	Carpentry (A)	House Wreckir	ng (R)							
	Concrete (B)	Screens & Storm Sash (N)								
	Excavation (D)	Gutters (O)								
	Roofing (M)	Tile & Marble (P)								
	Masonry (I)	Swimming Pools (S)								
	Painting & Decorating (J)	Basement Waterproofing (T)								
	Siding (K)	g (K) Insulation Work (G)								
Maintenance & Alteration Contractor \$185.00 Company Relicensure				= \$170.00) = \$ 15.00)						
Make your check or money order in U.S. Currency payable to:										
STATE OF MICHIGAN										
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.										

LARA-BCC (Rev. 08/18)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

List the name of <u>all</u> partners, officers, or members of the corporation, LLC, or partnership.								
PARTNER, OFFICER, OR MEMBER INFORMATION								
Are each applicant, partner, officer, or member at least 18 years of age?								
Yes No								
Has any applicant, licensee, or each partner, trustee, director, officer, member, or shareholder ever been convicted of a felony not previously reported to the Department for this license type or occupation?								
If you answer "yes" to this question, you must complete and submit the Request for Conviction History form AND submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.								
Yes No								
Required Additional Documents:								
 Non-Michigan residents must submit a Consent to Service of Process. (This form may be found at <u>www.michigan.gov/bcc</u>.) 								
 A copy of the Corporate Resolution Authorizing the Consent to Service of Process (if applicable) 								
Certification								
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. Furthermore, I understand, as the Qualifying Officer, I am only able to provide the services that the company has applied for and been approved to provide to the public.								
Qualifying Officer Signature Date								