



GRAFTON
QUALITY LIFE. NATURALLY.

Contractor Information Form

Village of Grafton Community Development / Inspection Office
860 Badger Circle, Grafton, WI 53024
p (262) 375-5305 f (262) 375-5302

Please complete and return to Sara Young at syoung@village.grafton.wi.us

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Business Email: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Please fill out all information that applies:

A) Dwelling Contractor Certification License: _____ Expires: _____

B) Dwelling Contractor Qualifier License No.: _____ Expires: _____

License Holder Name: _____

C) Wisconsin Lead Safe Contractor License: _____ Expires: _____

D) Wisconsin Lead Safe Renovator License: _____ Expires: _____

License Holder Name: _____

E) Trade License: _____ Expires: _____

Trade Type: _____

I hereby certify that all statements, forms, and attachments submitted hereto are true and correct to the best of my knowledge.

Name of applicant (please print): _____

Applicant's signature: _____ **Date:** _____