

CITY OF KEMP
304 S. MAIN
KEMP, TEXAS 75143

Contractor Registration

Date _____

Company Name _____

Owner Name _____

Company Mailing Address

Company Physical Address

Contact Numbers (Cell) _____ (Home/Office) _____
(Fax) _____

Name of License Holder _____

Company Email _____

Contractor Signature

Approved By Signature

Required Documents

- Completed Contractor Registration Form
- Copy of State Trade License (TRCC)
- Copy of Drivers License / Government I.D.
- Copy of Company Liability Insurance