

CASS COUNTY DEPT OF ZONING AND INSPECTIONS

Jim Chappell - Zoning Administrator

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CONTRACTOR REGISTRATION APPLICATION

Contractor Name						
Parent Company Name						
Principal place of business						
Principal place of business phone						
Contractor in Nebraska phone						
Contact Name						
Contact Email						
Business Structure				_		
☐ Corporation			□ LLC □ Trust			
☐ Partnership	☐ Sole proprietorshi		ip	☐ Other		
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For each owner/partner/regis Role	tereu a	igent:				
Owner	Partne		☐ Officer		□ Desistand Agent	
Name	Partin	žľ L	_ Officer		☐ Registered Agent	
Name						
Address	City		State		Zip Code	
Phone				"		

Role				
☐ Owner	☐ Partner	☐ Officer	☐ Registered Agent	
Name				
Address	City	State	Zip Code	
Phone	,	,		
Role				
☐ Owner	☐ Partner	☐ Officer	☐ Registered Agent	
Name				
Address	City	State	Zip Code	
Phone				

Description of business including principal products and services provided:

The following items must accompany the application:

- 1. Proof of insurance
 - a) a certificate or policy of insurance written by an insurance carrier duly authorized to do business in this state which gives the effective date of workers' compensation insurance coverage indicating that it is in force.
 - b) a certificate evidencing approval of self-insurance privileges as provided by the Nebraska Workers' Compensation Court pursuant to Nebraska Revised Statutes Section 48-145, or
 - c) a signed statement indicating that the contractor is not required to carry workers' compensation insurance pursuant to the Nebraska Workers' Compensation Act.
- 2. Proof of certification by the Nebraska Department of Environment and Energy for those people(s) who do the following types of work with on-site wastewater treatment systems:
 - a) Percolation testing
 - b) Installer (includes alteration, construction, reconstruction, modification, or repair work
- 3. Application/Renewal fee of \$20.

Signature	Date
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