

CITY OF LONG BEACH BUILDING OFFICE  
P O BOX 929  
645 KLONDYKE ROAD  
LONG BEACH, MS 39560  
228-863-1554  
(FAX) 228-865-0822

**CONTRACTOR LICENSING REQUIREMENTS AND APPLICATION**

1. State of Mississippi contractor's license *OR* International Code Council test *OR* Proof of written examination by another municipality or government entity. (Letterhead with signature must contain score, month, day and year of examination)
2. Privilege license issued by municipality in which your business is located.
3. Certificate of liability insurance with the City of Long Beach listed as the certificate holder in amounts listed: **\$100,000.00 per person, \$300,000.00 per occurrence and complete product coverage.**

\*\* If you have held your license less than one calendar year you must provide 3 work letters of reference two from licensed contractors

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Please complete the following:

NEW APPLICATION \_\_\_\_\_

RENEWAL APPLICATING \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Copy of privilege license: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

MS State Board of Contractor's License: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

-OR-

Exam Verification: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate of Insurance: \_\_\_\_\_ Exp. Date: \_\_\_\_\_