

Business & Neighborhood Services
 1200 Madison Ave, Suite 100
 Indianapolis, Indiana 46225
 Phone: (317) 327-1291
 Email: Contractors@indy.gov



License # _____
Processed by _____
Date _____

NEW CONTRACTORS LICENSE APPLICATION – COMPANY

LICENSE TYPE:	GENERAL	ELECTRICAL	HVAC	PLUMBING	WRECKING
COMPANY TYPE:	SOLE PROPRIETOR	PARTNERSHIP	CORPORATION	LLC	

_____ EXACT LEGAL NAME OF BUSINESS NAME (OR DBA)	_____ NAME OF SOLE PROPRIETOR, PARTNER, OR OFFICER
_____ MAILING ADDRESS	_____ PHYSICAL ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)
_____ CITY/STATE/ZIP CODE	_____ CITY/STATE/ZIP CODE

_____ BUSINESS NUMBER	_____ FAX NUMBER	_____ HOME NUMBER	_____ EMAIL ADDRESS
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List all employees, partners, and/or officers who will be authorized to secure permits (Remember to include agents/applicants who are authorized to submit permits over the internet, if your company subscribes to LOGO Indiana)

1 _____	_____	_____
SIGNATURE	PRINT NAME	EMAIL ADDRESS
2 _____	_____	_____
SIGNATURE	PRINT NAME	EMAIL ADDRESS
3 _____	_____	_____
SIGNATURE	PRINT NAME	EMAIL ADDRESS
4 _____	_____	_____
SIGNATURE	PRINT NAME	EMAIL ADDRESS
5 _____	_____	_____
SIGNATURE	PRINT NAME	EMAIL ADDRESS

****FOR SOLE PROPRIETORS, PARTNERSHIPS OR LLCs WITH NO EMPLOYEES, PLEASE READ AND SIGN BELOW.****

Please be advised that _____ has/have no employees at this time. If in the future employees are hired, a certificate of insurance reflecting a policy of workman's compensation will be provided.

Signature _____ Date _____

This application must be signed and dated. Signature indicates the information is complete and accurate. Contractors are responsible for maintaining current listing information, in addition to submitting proof of current general liability coverage, workman's compensation coverage if applicable, and surety bond coverage before performing any work in the Consolidated City of Indianapolis.

SIGNATURE OF OFFICER, PARTNER, OR SOLE PROPRIETOR RESPONSIBLE FOR LISTING

DATE