

Dept. of Business and Neighborhood Services  
 Contractor Licensing  
 1200 Madison Ave., Ste. 100  
 Indianapolis, IN 46225  
 Phone: (317)327-1291  
 Email: Contractors@indy.gov



FOR INTERNAL USE ONLY
LICENSE #: _____
DATE PROCESSED: _____
PROCESSOR: _____

## COMPANY LICENSE APPLICATION

THIS IS A TWO-SIDED DOCUMENT. PLEASE COMPLETE BOTH SIDES.

\* INDICATES A REQUIRED FIELD.

NEW LICENSE                     
  RENEWAL OF EXISTING LICENSE                     
  LICENSE REVISION/UPDATE

\*LICENSE TYPE:   
 ELECTRICAL   
 GENERAL   
 HVACR   
 PLUMBING   
 WRECKING

\*COMPANY TYPE:   
 CORPORATION   
 LLC   
 PARTNERSHIP   
 SOLE PROPRIETORSHIP

\_\_\_\_\_  
 \*EXACT LEGAL NAME OF BUSINESS (OR LEGAL DBA)

\_\_\_\_\_  
 \*NAME OF PRINCIPAL OFFICER, PARTNER, OR SOLE PROPRIETOR OF BUSINESS

\_\_\_\_\_  
 \*MAILING ADDRESS

\_\_\_\_\_  
 PHYSICAL ADDRESS (IF MAILING ADDRESS IS PO BOX)

\_\_\_\_\_  
 \*CITY/STATE/ZIP CODE

\_\_\_\_\_  
 CITY/STATE/ZIP CODE

_____ *BUSINESS PHONE NUMBER	_____ ALTERNATE PHONE NUMBER	_____ FAX NUMBER	_____ *EMAIL ADDRESS (Will be used for correspondence regarding permits and licenses)
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List the name and address of all persons who have a financial interest in the business. If more space is needed, please include the additional names on a separate sheet of paper.

<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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**AUTHORIZED AGENTS:**

\*List all individuals, employees, partners, and/or officers who will be authorized to secure permits in-person and online on behalf of the company. Listing up to five agents is free. A \$63.00 fee will be assessed for each additional agent.

1.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
2.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
3.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
4.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
5.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE

FOR SOLE PROPRIETORS, PARTNERSHIPS, OR LLCs WITH NO EMPLOYEES, PLEASE READ AND SIGN BELOW TO WAIVE WORKER'S COMPENSATION REQUIREMENT. (CORPORATIONS ARE NOT ELIGIBLE FOR THIS OPTION.)

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: \_\_\_\_\_

**Optional fee waiver questions for new General Contractor Sole Proprietor applicants only:**

Depending on your responses to the questions below, and submission of supporting documentation, you may be eligible for a full or 50% reduction of the initial license fee.

Are you or your spouse active duty in the US armed forces or national guard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or your spouse a veteran of the US armed forces or national guard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently enrolled in a federal public assistance program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your household adjusted gross income at or below 185% of the federal poverty guideline?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Submitting this application indicates the applicant has read and agrees with the following statements.

Applicant agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws, ordinances, regulations, orders, and decisions of public officials. Applicant understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order, or decision is violated. Applicant agrees to give the Department of Business and Neighborhood Services written notice if there is any change in the licensed business, including authorized agents or license holders, during the term of the license such that the information provided in the application form is no longer complete or accurate after such change occurs. Applicant agrees to maintain 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. The person signing this application affirms they have the authority to sign for the business being licensed.

**This application must be signed and dated. Signature indicates the information is complete and accurate.**

\_\_\_\_\_  
\*SIGNATURE

\_\_\_\_\_  
\*DATE