

Department of Code Enforcement
 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