

**Business & Neighborhood Services**

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



License # _____
Processed by _____
Date _____

# RENEWAL CONTRACTORS LICENSE APPLICATION – COMPANY

<b>LICENSE TYPE:</b>	GENERAL	ELECTRICAL	HVAC	PLUMBING	WRECKING
<b>COMPANY TYPE:</b>	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
-----------------	------------	-------------	---------------

NAME OF PERSONAL LICENSE HOLDER (REQUIRED FOR HVAC, ELE, PLM, & WRK LICENSES)

If you would like to make changes to your company’s authorized agents, please use the separate Authorized Agent Form.

**\*\*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
---	------

Renewal Fee:  
Plumbing: \$142  
All other license types: \$247  
8/2016

Please see the requirements page for details regarding the insurance and bond certificates.