

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

CRAFT LICENSE HOLDERS APPLICATION

New **Renewal** **Craft License #** _____

Type of License: **Electrical** **HVAC** **Wrecking** **Plumbing**

NAME OF INDIVIDUAL LICENSE HOLDER

NAME OF COMPANY(IES) DOING BUSINESS WITH

BUSINESS ADDRESS

CITY/STATE/ZIP CODE

HOME ADDRESS

CITY/STATE/ZIP CODE

BUSINESS PHONE NUMBER _____
FAX NUMBER _____
HOME/CELL NUMBER

EMAIL ADDRESS

This application must be signed and dated. Signature indicates the information is complete and accurate. Contractors are responsible for maintaining current license 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 LICENSE HOLDER _____
DATE

FOR OFFICE USE ONLY
_____ LICENSE #
_____ DATE
_____ PROCESSED BY