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

Department of Code Enforcement
Indianapolis
Gregory A. Ballard, Mayor

License # _____

Processed by _____

Date _____

RENEWAL 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

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. (Remember to include agents/applicants who are authorized to submit permits over the internet, if your company subscribes to LOGO Indiana)

****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
10/2013

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

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GENERAL CONTRACTOR LICENSE REQUIREMENTS:

GENERAL INFORMATION:
Please complete all information on the application. You must submit all documentation required for the filing status in which you are applying. The names on all documentation (application, certificate of insurance, bond, and workman's compensation) must read exactly the same. This listing will be renewable every two (2) years after the December 31st expiration date.
All new listings, including name changes, will be required to attend an orientation class within sixty (60) days of issuance.

LICENSE FEES **New Business:** (2 yrs-18 mths remaining) $247.00; (18 mths-1 yr remaining) $185.00; (Less than a year) $124.00
Renewals - $247.00
Agents: 1-5 agents no charge, 6 or more agents $63.00 each -Make checks payable to "The City of Indianapolis"

LICENSE REQUIREMENTS:

Sole Proprietors: Insured/principal should be listed as the "**Sole Proprietor DBA (doing business as) the Business Name"**
Partnerships: Insured/principal should be listed as the "**Partners DBA (doing business as) the Partnership Name**.
DBA's, that do not include the surname of the proprietor or partner, must register in the county in which the business originates. Proof of the DBA registration must be submitted with this application. If the county does not record DBA's the contractor should submit a letter stating the county policy. For Sole Proprietor DBA's located in Marion County, contact the Marion County Recorders Office at (317) 327-4020.
Corporations/LLCs: Must register with the Indiana Secretary of State at (317) 232-6576 or www.in.gov/sos.

APPLICATION
-Must have dated signature of sole proprietor, partner, or officer of the corporation (attesting that information is complete and accurate)
-Must list at least one agent authorized to obtain permits -May list other agents authorized to obtain permits

- **GENERAL LIABILITY INSURANCE CERTIFICATE**

Must have a certificate of insurance with:
- ✓ Minimum of $500,000 for each occurrence of death or bodily injury
- ✓ Minimum of $100,000 for each occurrence of property damage.
- ✓ **OR** Combined single limit coverage which covers both bodily injury and property damage, minimum of $500,000 per occurrence

Must indicate the policy number or "Binder"
Must identify the effective and expiration dates of the coverage
Must name the sole proprietor, partnership, or corporation as the insured
Must indicate coverage for "General Contractor"
Must not limit coverage to a single job or address
Must name the "Consolidated City of Indianapolis" as Additional Insured with endorsement ISO CG2036 0413 or equivalent.
Must provide any endorsement referenced on certificate.
Must not require a written contract for additional insured
Must list the City of Indianapolis as Certificate Holder with address
Must notify the Department of Code Enforcement, in writing, at least 15 days prior to cancellation

- **SURETY BOND OR BOND CONTINUATION CERTIFICATE**

Must be type-written. Hand-written bonds will not be accepted.
Must show the bond number
Must list the name, address, and phone number of the bonding company & insurance agent
Must be in the amount of $10,000
Must name the "Consolidated City of Indianapolis and/or an Unknown Third Party" as Obligee"
Must indicate coverage for a General Contractor
Must be signed by the principal (If partnership, all partners must sign)
Must have the expiration date of 12/31/2016

- **WORKMAN'S COMPENSATION INSURANCE**

Corporations: Due to the nature of a corporation, the owner/principal becomes an employee of the corporation (including Sub-S Corporations). By Indiana Sate Law they are required to carry workman's compensation coverage – at least covering the owner/principal.
Must carry Workman's Compensation Insurance for workers employed in Indianapolis/Marion County
Must identify the effective and expiration dates of coverage
Must indicate the policy number or "Binder" (a binder is only valid for 30 days from date of issuance)

Limited Liability Companies, Partnerships and Sole Proprietors, If you have employees:
Must carry Workman's Compensation Insurance for workers employed in Indianapolis
Must identify the effective and expiration dates of coverage
Must indicate the policy number or "Binder" (a binder is only valid for 30 days from date of issuance)
If you do NOT have employees:
Must complete the Workman's Compensation waiver on the application