APPLICATION FOR CONTRACTOR'S REGISTRATION

Business Name				Phone Number
Business Address				E-mail
Owner Name		Owner Address		Owner Phone Number
License Type:	[] General [] Electrical	[] HVAC [] Plumber	[] Specialty TYPE:	
Copy of Certif Copy of Workman's *Copy of Current	by of Newton County B icate of Insurance Liab s Compensation Insura Indiana Plumbing Lice es (Attach separate li	ilityAttached nceAttached enseAttached		
Name		Name		Name
Name	<u> </u>	Name		Name
If emplo	be advised that oyees are hired in the f provided.	uture, a certificate of ir		ave no employees at this time. olicy of workman's compensation
Signature		Date		
	-	dated. Contractors an he calendar year onl	-	aintaining all current listing
		FOR OFFICE	USE ONLY	
LICENSE NUMBE	:R:	PROCESSED	BY:	DATE:
PAYMENT (\$50).00) TYPE: [] CAS	н []Сн	ECK (#)	

A contractor shall complete an application for registration form with the Building Department, which shall be on a form prescribed by the Building Department which shall require in part the following information:

- A. Name
- B. Address
- C. Description of type of work being performed
- **D.** Qualifications
- E. Years of service/business
- F. Identification of all other licenses, registrations, certifications, etc., currently held.

G. Identification of all the names and qualifications of all individuals who will be providing services under this registration.

The following documentation is required to obtain registration:

- 1. Completed Application
- 2. Proof of Insurance
- 3. Worker's Compensation
- 4. Bond
- 5. \$50.00 Registration Fee

All contractors must provide to the Building Department as part of the registration application either a Five Thousand Dollar (\$5,000.00) bond to insure full and complete compliance with all applicable Ordinances, rules, regulations, and/or laws at the local, state, and/or federal level.

Should you require a receipt, please send a self-addressed and stamped envelope with your application. Otherwise, the information will be kept on file in the office of the Building Department.