



# CITY OF PORTAGE

## BUILDING DEPARTMENT

CITY HALL

6070 CENTRAL AVENUE

PORTAGE, INDIANA 46368

TELEPHONE 762-4204 / FAX 764-5749

### CONTRACTORS LICENSE APPLICATION

(Please Print)

Date \_\_\_\_\_

Name Of Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street City State Zip Phone

Physical Address (If Different) \_\_\_\_\_

Name Of Person Applying For License \_\_\_\_\_

Your Position With The Company \_\_\_\_\_

Home Address \_\_\_\_\_

Street City State Zip Phone

E-mail Address: \_\_\_\_\_

Check The Type Of License You Are Applying For: General Residential \_\_\_\_\_ Commercial / Industrial \_\_\_\_\_

Electrical \_\_\_\_\_

Sub Contractor \_\_\_\_\_

Type Of Sub Contractor \_\_\_\_\_

Number Of Years Company Has Been In Contracting Business \_\_\_\_\_

Are You Familiar With Local Ordinances And State Laws? \_\_\_\_\_

Do You Have General Liability Insurance? (Y/N) \_\_\_\_\_ Amount \_\_\_\_\_

Do You Have Workman's Compensation Insurance? (Y/N) \_\_\_\_\_ Amount \_\_\_\_\_

Number Of Full-Time Employees \_\_\_\_\_ State Of Indiana Revenue Number \_\_\_\_\_

**\*\*\*If You Stated That You Do Not Have Workman's Compensation Insurance, You Must Provide A Copy Of Your State Of Indiana Exemption Certificate And Sign And Date: I Hereby Certify I Have No Employees But Myself, And In The Event I Employ More Than Anyone Other Than Myself, I Will Comply With City of Portage Municipal Code Section 18-59 Pertaining To Workman's Compensation Insurance.**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

Are You Licensed In Any Other City Or Town? \_\_\_\_\_ If Yes, Where?

Have You Ever Had A Contractors License Revoked? \_\_\_\_\_ If Yes, Give Details: \_\_\_\_\_

Deliberate Misrepresentation Of Any Material Fact, Fraud Or Deceit In Obtaining A License Could Cause The License To Be Revoked.

\_\_\_\_\_  
Signature Print Name

Approved This \_\_\_\_\_ Day Of \_\_\_\_\_ 20\_\_\_\_\_.

Denied This \_\_\_\_\_ Day Of \_\_\_\_\_ 20\_\_\_\_\_.

Board Approval: \_\_\_\_\_

Date Issued / Renewed: \_\_\_\_\_ Terms Of Insurance: \_\_\_\_\_ Bond: \_\_\_\_\_

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