



CITY OF PORTAGE

BUILDING DEPARTMENT

CITY HALL

6070 CENTRAL AVENUE

PORTAGE, INDIANA 46368

TELEPHONE 762-4204 / FAX 764-5749

PLUMBING REGISTRATION APPLICATION

(Please Print)

Date _____

Name Of Company _____

Address _____

Street City State Zip Phone

Name Of Person Applying For License _____

Your Position With The Company _____

Home Address _____

Street City State Zip Phone

State Plumbing License Number _____ Corporate Plumbing License _____

Number Of Years Company Has Been In Contracting Business? _____

Are You Familiar With Local Ordinances And State Laws? _____

General Liability Insurance? (Y/N) _____ Amount _____

Workman's Compensation Insurance? (Y/N) _____ Amount _____

Number of Full-Time Employees _____ State of Indiana Tax ID Number _____

*****If You Stated That You Do Not Have Workman's Compensation Insurance, Please Provide A Copy Of Your State Of Indiana Exception 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 Section 10 Of Ordinance 78-30 Pertaining To Workman's Compensation Insurance.**

Signature _____ Date _____

Are You Registered In Any Other City Or Town? _____ If Yes, Where? _____

Have You Ever Had A Registration Or 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: _____
