

Dept. of Business and Neighborhood Services
 Contractor Licensing
 200 E. Washington St., Suite 107
 Indianapolis, IN 46204
 Phone: (317) 327-1291
 Email: Contractors@indy.gov



INTERNAL USE ONLY
LICENSE #: _____
DATE PROCESSED: _____
PROCESSOR: _____

COMPANY LICENSE APPLICATION

THIS IS A TWO-SIDED DOCUMENT. PLEASE COMPLETE BOTH SIDES.

*INDICATES A REQUIRED FIELD

NEW LICENSE	RENEWAL OF EXISTING LICENSE	UPDATE/REVISION TO LICENSE
*LICENSE TYPE:	ELECTRICAL GENERAL HVAC	PLUMBING WRECKING
*BUSINESS TYPE:	CORPORATION LLC PARTNERSHIP	SOLE PROPRIETORSHIP

*EXACT LEGAL NAME OF BUSINESS (OR LEGAL DBA) _____

*NAME OF PRINCIPAL OFFICER, PARTNER, OR SOLE PROPRIETOR OF BUSINESS _____

*MAILING ADDRESS _____	PHYSICAL ADDRESS (IF MAILING ADDRESS IS PO BOX) _____
*CITY/STATE/ZIP CODE _____	CITY/STATE/ZIP CODE _____

*BUSINESS PHONE NUMBER _____ ALTERNATE PHONE NUMBER _____ *EMAIL ADDRESS _____
 (Will be used for permitting and licensing correspondence).

OFFICERS OR PARTNERS

List the name and address of all persons who have a financial interest in the business. If more space is needed, please include the additional names on a separate sheet of paper.

<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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AUTHORIZED AGENTS:

*List all individuals, employees, partners, and/or officers who will be authorized to secure permits in-person and online on behalf of the company. Listing up to five agents is free. A \$63.00 fee will be assessed for each additional agent.

1.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
2.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
3.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
4.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
5.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE

For Sole Proprietorships, Partnerships, or LLCs with no employees, please read and sign below to waive the worker’s compensation requirement. Corporations are not eligible for this option.

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: _____

Minority and Women Owned Business Enterprises (XBE)

For businesses headquartered and domiciled in the State of Indiana ONLY. This information is voluntary. If you would prefer not to answer, please leave this section blank.

If your business is Minority, Women, Veteran, or Disabled owned, select the box that best describes your business:

- | | |
|----------------------|-----------------------|
| Minority-owned (MBE) | Women-owned (WBE) |
| Veteran-owned (VBE) | Disabled-owned (DOBE) |

Is your business certified with the Office of Minority and Women Business Development? Yes No

Optional fee waiver questions for new General Contractor Sole Proprietor applicants only:

Depending on your responses to the questions below, and submission of supporting documentation, you may be eligible for a 50% or 100% reduction of the initial license fee.

- | | | |
|--|-----|----|
| Are you or your spouse active duty in the US Armed Forces or National Guard? | Yes | No |
| Are you or your spouse a veteran of the US Armed Forces or National Guard? | Yes | No |
| Are you currently enrolled in a federal public assistance program? | Yes | No |
| Is your household adjusted gross income at or below 185% of the federal poverty guideline? | Yes | No |

Submitting this application indicates the applicant has read and agrees with the following statements.

Applicant agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws, ordinances, regulations, orders, and decisions of public officials. Applicant understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order, or decision is violated. Applicant agrees to give the Department of Business and Neighborhood Services written notice if there is any change in the licensed business, including authorized agents or license holders, during the term of the license such that the information provided in the application form is no longer complete or accurate after such change occurs. Applicant agrees to maintain 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. The person signing this application affirms they have the authority to sign for the business being licensed.

This application must be signed and dated. Signature indicates the information is complete and accurate.

Signature

Date