



Town of Burns Harbor

Office of the Building Commissioner
310 Navajo Trail
Burns Harbor, IN 46304
Telephone: 219-787-9187 Fax: 219-787-0015

APPLICATION FOR CONTRACTOR'S LICENSE

NAME OF COMPANY: _____
BUSINESS ADDRESS: _____

TELEPHONE NUMBER: _____
NAME OF OWNER OR AGENT: _____
HOME ADDRESS: _____

TYPE OF LICENSE YOU ARE APPLYING FOR (General or sub-contractor): _____

ARE YOU FAMILIAR WITH LOCAL ORDINANCES AND STATE LAWS _____
DO YOU CARRY WORKMAN'S COMPENSATION, PUBLIC LIABILITY, & PROPERTY
DAMAGE INSURANCE: _____

HAVE YOU ENCLOSED EVIDENCE OF THE ABOVE _____
ARE YOU LICENSED IN ANY OTHER CITY OR TOWN _____
IF YES WHERE: _____

ARE YOU A CONTRACTOR NOW DOING BUSINESS IN THE TOWN OF BURNS
HARBOR: _____

IF YES HOW LONG: _____
TOTAL NUMBER OF YEARS IN THE CONTRACTING BUSINESS _____

HAVE YOU EVER HAD A CONTRACTOR'S LICENSE REVOKED _____
IF YES GIVE DETAILS: _____

APPLICANT'S SIGNATURE: _____

This information is for record keeping use only. Please do not write in this area.

APPROVED _____ DENIED _____ DATE: _____
CONTRACTOR'S LICENSE NUMBER: _____ FEE: \$75.00 _____
HAS EVIDENCE OF INSURANCE BEEN FILED: _____
INSURANCE EXPIRATION DATE: _____
BOND EXPIRATION DATE: _____