



# Contractor's License

Building Department  
310 Navajo Trail • Burns Harbor, IN 46304  
P 219-787-9187 • F 219-787-0015  
buildingclerk@burnsharbor-in.gov • www.burnsharbor-in.gov



Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Owner or Agent: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Type of license you are applying for:  General  Sub-contractor

Are you familiar with Local Ordinances and State Laws?  Yes  No

Do you carry Workman's Compensation, Public Liability & Property Damage Insurance?  Yes  No

Have you enclosed evidence of the above?  Yes  No

Are you licensed in any other City or Town?  Yes  No

Are you a contractor now doing business in the Town of Burns Harbor?  Yes  No

If Yes, how long? \_\_\_\_\_

Total number of years in the Contracting business: \_\_\_\_\_

Have you ever had a Contractor's License revoked?  Yes  No

If Yes, give details: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE DO NOT WRITE IN THIS AREA. THIS IS FOR OFFICE RECORD KEEPING ONLY.**

Approved:  Denied:  Date: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ \$75.00 Fee  Yes  No

Has evidence of Insurance been filed?  Yes  No

Insurance Expiration Date: \_\_\_\_\_ Bond Expiration Date: \_\_\_\_\_

Clerk Signature \_\_\_\_\_

Date \_\_\_\_\_