



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 _____