



# 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: \_\_\_\_\_

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

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

If you are a plumber, enter your State of Indiana License Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

Approved:  Denied:

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

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

Worker's Compensation Expiration Date: \_\_\_\_\_

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

\_\_\_\_\_  
Date