

Town of Porter



On Beautiful Lake Michigan

APPLICATION FOR CONTRACTORS LICENSE

DATE _____

NAME OF COMPANY _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNER/CONTACT PERSON _____

HOME ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

TYPE OF LICENSE _____

| INSURANCE INFORMATION: | COMPANY NAME | EXP. DATE |
|------------------------|--------------|-----------|
|------------------------|--------------|-----------|

| | | |
|------------------|-------|-------|
| PUBLIC LIABILITY | _____ | _____ |
|------------------|-------|-------|

| | | |
|---------------|-------|-------|
| WORKMANS COMP | _____ | _____ |
|---------------|-------|-------|

| | | |
|--------------------|-------|-------|
| PORTER COUNTY BOND | _____ | _____ |
|--------------------|-------|-------|

PLEASE LIST OTHER CITIES OR TOWNS IN PORTER COUNTY WHERE YOU ARE LICENSED:

APPLICANT'S SIGNATURE _____

DATE LIC FEE PAID _____

APPROVAL DATE _____