

**City of Knox Planning Commission**

**101 W. Washington St.**

**Knox, In. 46534**

**Tele: 574-772-5445**

**Fax: 574-772-5669**

**Things we need to get you registered as a contractor;**

\$1,000,000 minimum liability on Certificate of Insurance.

Proof of workers compensation on Certificate of Insurance or waiver from state of Indiana.

\$5,000 License and permit bond made to: Starke County, All Towns, All Cities, and Municipalities Therein.

There is a \$50.00 registration fee for first year and \$25.00 annual renewal.

No testing is required.

Please fill out attached application and return with your insurance

**Please Print**

Is this business a \_\_\_ Partnership \_\_\_ Joint Venture \_\_\_ Corporation \_\_\_ Other ?  
Please Explain \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
BUSINESS TELEPHONE \_\_\_\_\_ FAX # \_\_\_\_\_  
FEDERAL I.D. NUMBER \_\_\_\_\_ CELL # \_\_\_\_\_  
IF APPLYING AS PLUMBER STATE LICENSE # \_\_\_\_\_  
NAME OF PRINCIPAL OFFICER \_\_\_\_\_  
RESIDENTIAL ADDRESS \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

Name of all officers, directors, or partners:

Name	Residential Address	Position

List all businesses owned, operated, and managed by the applicant in the past (5) five years. In the case of a corporation, partnership or joint venture, the applicant is to be considered any director, officer or partner in the company.

BUSINESS NAME	ADDRESS

TYPE OF CONTRACTOR'S REGISTRATION APPLIED FOR: \_\_\_\_\_

List three references from reputable business and professional people not related by blood or marriage to the applicant, from Knox or Starke County, of the applicant's reputation, honesty, integrity and good character.

Name	Address	Telephone

(over please)

