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**
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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)

References Continued.....

Name	Address	Telephone

Name	Address	Telephone

I hereby authorize investigation of all statements contained in this application for the ***City of Knox Contractor's Registration*** as may be necessary in arriving at a decision concerning my being registered in the City of Knox to conduct business and ply my trade. I understand that this is an application and not intended to be a guarantee of registration with the City of Knox.

Should my registration be granted, I understand that false or misleading information given in my application **may result in revocation of the issued Registration Permit.** I also understand that I am required to abide by the Building Codes of the City of Knox and the State of Indiana and the International Building Code.

Please be advised that this application will not be considered until the **Certificate of Insurance** is received.

Name ***Date***

Insurance Carrier

City of Knox Registration #
(To be issued by this office)