

TOWN OF GRIFFITH

111 NORTH BROAD STREET GRIFFITH, INDIANA 46319
219-922-3091 FAX 219-924-3840

CONTRACTOR LICENSE APPLICATION

Copies of all field employees USCIS Form I-9 must be included with application

Name of Firm _____

Address _____

City/State _____

Telephone () _____ Fax () _____

E-mail _____

APPLICATION FOR:

General Contractor _____ Sub-Contractor _____ Heating/Cooling _____

Electrical _____ Plumbing _____ Specialty _____

Sub-Contractor or Specialty please list your trade: _____

Examinee Name _____

Address _____

City/State _____ Telephone _____

PRINCIPAL OWNERS OF COMPANY (Name, Title & Driver's License No.)

Please provide a photo copy of the owner's driver's license

DL No. _____ State _____

DL No. _____ State _____

CURRENT LICENSES

INSURANCE REQUIREMENTS

Certificate of Insurance

Certificate Holder: Town of Griffith

General Liability: (\$100,000-\$300,000)]

Vehicle Liability: (\$100,000-\$300,000)

Property Damage: (\$100,000)

Worker's Compensation or exemption from IN Dept. of Revenue

Lake County Recorded Bond

(please call the office for correct wording)

*Plumbing Contractors

A copy of your IN State Plumbing Contractors License

LICENSE FEE SUMMARY

General Contractor	\$100	plus \$25 Application Fee	Renewal \$50
Sub Contractor	\$50	plus \$25 Application Fee	Renewal \$25
Electrical/HVAC	\$100	plus \$25 Application Fee	Renewal \$50
Plumbing	\$50		Renewal \$50
Scavenger	\$125		Renewal \$125

ALL LICENSES EXPIRE DECEMBER 31ST OF CALENDER YEAR

I, the undersigned, hereby apply to the Clerk Treasurer of the Town of Griffith in accordance with the information stated above and submit to examination by the Board of Contractor Examiners. I further agree to confirm to and be bound by the Code of Ordinances for the Town of Griffith and by other regulations as may be applicable.

Applicant Signature _____ Date _____