

LAPORTE COUNTY CONTRACTORS REGISTRATION

County Complex 5th Level
809 State Street, Suite 503 A
LaPorte, In 46350
fax 362-5561 Phone 326-6808 ext. 219, 221, or 418

PLEASE PRINT

Is this business a _____ partnership _____ joint venture _____ corporation _____ other
explain _____

NAME OF COMPANY _____
BUSINESS ADDRESS _____
BUSINESS TELEPHONE _____ FAX _____
FEDERAL I.D. NUMBER _____ CELL# _____

NAME OF PRINCIPAL OFFICER _____
RESIDENTIAL ADDRESS _____
E-MAIL ADDRESS _____

Names of all officers, directors or partners:

Name	Residential address	Position

Name	Residential address	Position

Name	Residential address	Position

List all businesses owned, operated and managed by the applicant in the past 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 the county of the applicant's reputation, as to honesty, integrity and good character.

Name	Address	Telephone
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Name	Address	Telephone
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Name	Address	Telephone
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The Commissioner shall reject the application if it finds:

1. That the applicant has been convicted of a crime within the past 5 years involving dishonesty, fraud, deceit, or lack of integrity, whereby the applicant has benefitted, or whereby some injury has been sustained by another.

Please check: * Yes _____ or No _____

2. The applicant has, in the past 5 years, refused to pay valid bills of at least 5 different persons or firms. Or has been adjudged bankrupt.

Please check: * Yes _____ or No _____

3. The applicant has been convicted of a felony during the past 5 years.

Please check * Yes _____ or No _____

*If yes is checked, may explain on reverse side of this page.

I hereby authorize investigation of all statements contained in this application for registration as may be necessary in arriving at a decision concerning registration. I understand that this application is not, and is not intended to be, a guarantee of registration.

Should my registration be granted, I understand that false or misleading information given in my application may result in revocation of the registration permit. I also understand that I am required to abide by the Building Code of the County of LaPorte, Indiana.

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

_____(Initial) I certify that I have read and understand the LaPorte County Ordinance on Registration of Contractors, and the answers given herein are true and complete to the best of my knowledge.

Signature

Date

Insurance Carrier

Registration Number (For our use only)