

Application for Contractor's Registration

Annual Registration Fee - \$40.00

Date _____

Registration is valid through December 31 of the current year or upon the expiration/cancellation of the insurance policy listed on this application. Submit this completed application form, a copy of insurance certificate and your payment to: **Town of Pottawattomie Park, Attn: Clerk-Treasurer, PO Box 292, Michigan City, IN 46361-0292.**

COMPANY INFORMATION

Sole Proprietorship _____ Partnership _____ Corporation _____ LLC _____

Construction _____ (Electrical, HVAC, Plumbing) _____ Specialty Services _____ Professional _____

Name/owner _____

Address _____

Email _____ Phone _____ Land _____ Cell _____

Company website url _____

CREDENTIALS

License number _____ from _____

Registration number _____ from _____

Other _____

INSURANCE INFORMATION

Attach copy of current insurance certificate PDF _____ Hard copy _____

Applicant signature _____

Verified by _____ Date _____

ToPP registration number issued _____ (ToPP office use only)