



CITY OF CROWN POINT

APPLICATION FOR CONTRACTOR'S LICENSE

NEW

TEST REQUIRED
(Must attach copy of results)

LAKE COUNTY LICENSE
(Must attach a copy of CURRENT Lake Co. license)

1. Application/Owner Name: _____ Date: _____

2. Lake Co. License Holder or Test Applicants Name: _____ (If Required)
Position: _____

3. Business Name: _____ Phone: _____

4. Business Address: _____ City: _____ State _____ Zip: _____

5. E-Mail Address (Required): _____

6. PLUMBER – STATE REGISTRATION NUMBER _____

Give Contractor Number _____

Give Corporation Number _____

* Attach copy of State Plumbing Cards

Back Flow Tester IDEM # _____ and/or a copy of State Letter

7. LICENSE TYPE:

GENERAL COMBINATION GENERAL RESIDENTIAL SPECIALTY _____

(Please see list for type of Specialty and if a TEST is required)

8. LICENSE FEE (NEW)..... \$100.00

(If a Test was required attach a copy of the Approval Certificate)

9. Owner Individual Co-Partnership Corporation

10. Names of Partners or Corporation Officers (Please List):

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

11. One (1) Copy of Photo ID Attached _____

12. Copy of Recorded Unified License Bond Attached _____

13. Copy of Liability & Property Damage (Contractor) Insurance Attached _____

14. Copy of Workers Compensation Insurance Attached _____

(If you do not have Workers Compensation Insurance you **MUST** have a copy of the waiver from the State of Indiana - **PLEASE NOTE** Exemptions are for Independent Contractors Only, if you have employees you **MUST** have Workers Compensation Insurance.)

15. How long have you been engaged in the Contracting Business Years _____

16. Do you hold any Contractors License in any other City or State? Yes No

Where? _____

17. Have you ever been convicted in Indiana or any other state of obtaining money under false pretenses, extortion, forgery, embezzlement or criminal conspiracy to defraud, filed bankruptcy or other like offenses? Yes ____ No ____

If Yes, explain nature of the charge, date of conviction, court and location where convicted, sentence imposed and explain whether the sentence or disposition has been completed. _____

18. Are you currently under indictment or charge by information for the offense of any of the above charges?

Yes ____ No ____

If yes, explain the nature of the charge and the status of the case. _____

19. IS your Lake County CONTRACTORS BOND in effect? Yes ____ No ____

20. Do you understand the **State of Indiana Building Codes**, required inspections AND required permits?

Yes ____ No ____

21. Do you understand that the City of Crown Point Ordinance No. 2012 08-16 regarding the Licensing and Registration of Contractors is applicable? Yes ____ No ____

22. In Witness whereof, I have hereunto subscribed my name this ____ day of

_____, 20____, in the County of _____, State of _____.

Drivers License Number _____ State of Issue _____

(Applicant Signature)

(Applicant Address)

(City, State, Zip Code)

s/s:

_____, legal resident of _____ County,

State of _____, having been sworn, or having affirmed before me, declares that he/she is the person described in the foregoing application and that all the statements contained in the said answers are true to the best of his/her knowledge and belief.

s/s:

Sworn and subscribed to before e this ____ Day of _____, 20____, in

the County of _____, State of _____

Notary Public Signature _____ Commission Expires _____

A Self-Addressed stamped envelope must be provided to mail your Registration to you.

IF ALL PAPERWORK IS NOT SUBMITTED, APPLICATION WILL BE RETURNED.

Contact (219) 662-3235 with questions regarding licensing and (219) 662-3239 with questions regarding testing.

Insurance and Bond Requirements

All Contractors performing work in the City of Crown Point, Indiana are required by State Law and City Ordinance to have a Five Thousand Dollar (\$5,000.00) Unified License Bond which must be recorded in the Lake County Recorder's Office and a Certificate of Insurance before being submitted with the Contractor's Licensing Application Form. It is necessary to record the Unified License Bond but it is not necessary to record your Certificate of Insurance.

Areas covered under the insurance requirements are Property Damage and Personal Liability in the amount of Five Hundred Thousand Dollars (\$500,000.00) for each occurrence, or an umbrella form of One Million Dollars (\$1,000,000.00)

Please Note: The Bond must read – The Board of Commissioners of the County of Lake, State of Indiana (Must be RECORDED)

Please Note: The Certificate of Insurance holder must be:

City of Crown Point
101 N. East Street
Crown Point, IN 46307

Bond and Insurance **MUST** state the scope of work.

Make Check or Money Order payable to: City of Crown Point

Please Note: All Foreign Corporations must submit a Certificate of Authority from the Indiana Secretary of State. Their phone number is (317) 232-6576.

Plumbers who possess a valid Indiana Plumbers License are not required to take any test, but they must be registered with the Licensing Division of the City of Crown Point to perform work in the City of Crown Point, Indiana. This also applies to Licensed Well Diggers.

Please have your bond correct – your insurance company should be able to issue a Rider to correct any wording of your recorded bond. Have your insurance company fax a copy of the Rider to our office – riders are not to be recorded. Our fax number is (219) 662-3378 – Attention Clerk Treasurer's Office. Contact (219) 662-3235 with questions regarding licensing and (219) 662-3239 with questions regarding testing.