

**CITY OF LOGANSPORT
APPLICATION FOR CONTRACTOR'S REGISTRATION**

Date _____ Contractor Specialty/Type _____

Contact Name _____

Business Name _____

Business Address _____

City and State _____ Zip _____

Business Phone # _____ Cell Phone # _____

Signature _____ Title _____

OFFICE USE ONLY

.....
Fee _____ Date Paid _____ Receipt# _____ By _____

Registration # _____ Date Issued _____

Contractor Type: () Electrician () Plumber () General () HVAC () Other _____

Certificate of Insurance Provided _____ Yes _____ No Expiration Dates _____

Plumbers Only: Enclose a copy of your current State of Indiana Plumbing License.

Plumbing License # _____ Exp. _____

CITY OF LOGANSPORT, 601 E BROADWAY, ROOM 303, LOGANSPORT, IN