

CONTRACTOR REGISTRATION

TOWN OF LONG BEACH

2400 ORIOLE TRAIL, LONG BEACH IND 463601614

219-874-6616 FAX 219-879-6099

WWW.LONGBEACHIN.ORG

NOTE: A new completed registration is required each year.

Each registration application must include:

- 1. Copy of a \$10,000 Registration/License Bond naming the Town of Long Beach as Obligee**
- 2. Copy of Liability Insurance naming Town of Long Beach as Certificate Holder**
- 3. Copy of Worker's Compensation Certificate or WCE-1 Waiver**
- 4. Plumbing Contractor must submit a copy of Indiana State License**
- 5. Payment of \$65.00 (sixty-five dollars) cash or check**

BUSINESS INFORMATION

COMPANY NAME	
PRINCIPAL MAILING ADDRESS	
Business phone	
FAX	
EMAIL	
State of Incorporation	

POINT OF CONTACT

NAME	
TITLE	
TELEPHONE	
MOBILE NUMBER	
EMAIL	

IDENTIFY YOUR TRADE (check no more than 3)

<input type="checkbox"/>	ARBOR/TREE	<input type="checkbox"/>	GARAGE	<input type="checkbox"/>	PAINTING	<input type="checkbox"/>	WINDOWS/DOORS
<input type="checkbox"/>	CARPENTER	<input type="checkbox"/>	GEN. CONTRACTOR	<input type="checkbox"/>	PAVER	<input type="checkbox"/>	OTHER
<input type="checkbox"/>	CONCRETE	<input type="checkbox"/>	GUTTERS/SOFFIT...	<input type="checkbox"/>	PLUMBING	<input type="checkbox"/>	
<input type="checkbox"/>	ELECTRIC	<input type="checkbox"/>	HVAC	<input type="checkbox"/>	ROOFER	<input type="checkbox"/>	
<input type="checkbox"/>	EXCAVATOR	<input type="checkbox"/>	LANDSCAPE	<input type="checkbox"/>	SIDING	<input type="checkbox"/>	
<input type="checkbox"/>	FENCING	<input type="checkbox"/>	MASON	<input type="checkbox"/>	SIGNS	<input type="checkbox"/>	

PERSONAL HISTORY AND KNOWLEDGE

- 1. Have you ever been arrested or convicted in Indiana or any state for obtaining money under false pretenses, extortion, forgery, embezzlement or criminal conspiracy to defraud, or other similar offenses? YES OR NO**
- 2. If yes to the above please explain the nature of the arrest/charge, date of conviction, court and revocation where arrested or convicted, sentence imposed and whether the sentence or disposition is completed.**
- 3. Are you currently under indictment or charged by information for the offense of any of the above? YES OR NO**
- 4. If yes, to the above please explain the nature of the charges and the current status of the case.**
- 5. Are you familiar with the applicable laws of the State of Indiana and the Town of Long Beach respective Building and Zoning Codes? YES OR NO**
- 6. Are you familiar with the required permits, inspections and approvals necessary in the Town of Long Beach? YES OR NO**
- 7. Are you aware that failure to comply with the State and Local Building and Zoning codes may result in the revocation of your registration and terminate your authorization to operate a construction business in Long Beach? YES OR NO**

SIGNATURE CERTIFICATION

-I understand that I, or a representative of the above business, must inform the Town of Long Beach Building Commission in writing should the business no longer carry insurance, if the business is dropped from an insurance carrier, or if any policy limits are reduced to less than those required by the town.

-I understand that if the above applicant is dropped, no longer carries, or carries insurance in an amount less than is required by the Town or the laws of the State of Indiana, then the business registration issued by the Town as a result of this application shall be immediately rescinded and void.

-I affirm under penalty of perjury that all employees, agents and independent contractors working directly or indirectly for the above business are fully covered by Workman's -Compensation Insurance pursuant to the conditions of the limits in conformity with the laws of the State of Indiana.

-Any change in the facts stated in this application shall be reported to the Building Commission within 14 days of the effective date of such change. Failure to comply with this requirement is grounds for registration revocation.

-I affirm under the penalties of perjury that this application is true and complete and I authorize the Town of Long beach building commission to make inquiries to verify the accuracy of the statements made herein. Any false statement or misrepresentation of any fact contained in this application is grounds for denial or revocation of the registration for which I am applying.

-By signing this I am agreeing to abide by the codes and ordinances of the Town of Long Beach and the State of Indiana have adopted and that I have received a copy of Notice attached to this application.

REFERENCE NUMBER _____

Applicant Signature of the of the Officer or Principal Date

Print Name and Title

FOR OFFICE USE ONLY

PAID:

DATE _____