

Registration#:



Contractor Registration TOWN OF LONG BEACH

2400 ORIOLE TRAIL, LONG BEACH, INDIANA 46360-1614
(219) 874-6616 FAX (219) 879-6099
www.longbeachin.org

New copies of the following are required each year:

- Completed registration application
- Copy of \$10,000.00 Registration/Licensing Bond (Town of Long Beach as Obligee)
- Copy of Liability Insurance (Town of Long Beach – certificate holder)
- Copy of Worker's Compensation Certificate (or WCE-1 Waiver)
- Plumbing contractor must submit copy of Indiana State license
- Payment of \$50.00(Cash or Check)

Section I. Business Information

Company Name	
Principal Mailing Address	
Business Phone	
Fax No.	
Email	
State of Incorporation	

Section II. Point of Contact

Name	
Title	
Telephone	
Cellular No.	
Email	

1. Identify your trade(s). Limit 3

- Concrete
- Carpentry
- Excavating
- Fencing
- Landscaping
- Arborist/Tree Removal

- Garage
- Gutters, Soffit, Fascia
- Masonry
- Painting
- Pavers
- Roofing

- Siding
- Signs
- Wall Covering
- Windows/Doors
- Other _____

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

3. Are you currently under indictment or charged by information for the offense of any of the above charges? Yes No

4. If yes, please explain nature of charges and the status of case.

5. If yes, please explain nature of arrest/charge, date of conviction, court and revocation where arrested/conviction, sentence imposed and whether the sentence or disposition has been completed.

6. Are you familiar with the applicable State of Indiana and Town of Long Beach, Indiana respective building codes? Yes No

7. Are you familiar with the required permits, inspections and approvals necessary in the Town of Long Beach, Indiana? Yes No

Section III. Signature Certification

I understand that I, or a representative of the above business, must inform the Town of Long Beach, Indiana Building Department 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 an amount less than is required by the Town of Long Beach, Indiana.

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the State of Indiana, then the business license issued by the Town as a result of this application shall be immediately rescinded and void.

I affirm under the penalties of perjury that all employees, agents and independent contractor's working directly or indirectly for the above business are fully covered by Workman's Compensation Insurance pursuant to the conditions and 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 Commissioner within 14 days of the effective date of such change. Failure to comply with this requirement is grounds for license revocation.

I affirm under the penalties of perjury that this application is true and complete, and I authorize the Town of Long Beach, Indiana Building Department 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 license for which I am applying.

By signing this, I am agreeing to abide by all codes and ordinances that 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.

Signature of Officer/Partner

Date

Print and Title

For Office Use Only

Departmental Approval:

Building Commissioner

Date Approved