



**City Of Southport**  
**6901 Derbyshire Road, Southport, Indiana 46227**  
**Office Number (317)786-3585**  
**Email: clerktreasurer@southport.in.gov**  
**www.southport.in.gov**

**GENERAL CONTRACTOR'S LICENSE APPLICATION**

\_\_\_\_\_ New                      OR                      \_\_\_\_\_ Renewal (Existing **City of Southport** General Contractor License # \_\_\_\_\_)  
 \_\_\_\_\_ Sole Proprietor                      \_\_\_\_\_ Partnership                      \_\_\_\_\_ Corporation                      \_\_\_\_\_ LLC

Exact Legal Name of Corporation, LLC, Partnership, or Sole Proprietor's Business Name. \_\_\_\_\_

List all Officers if Business is a Corporation, LLC, or Partnership  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of Sole Proprietor** \_\_\_\_\_

\_\_\_\_\_ P.O. Box \_\_\_\_\_  
 Physical Address (Required if Mailing Address is a P.O. Box).

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

List all **Employees, Partners, and/or Officers** who will be authorized to secure permits. (Use additional sheet, if necessary)

\_\_\_\_\_ Signature \_\_\_\_\_ Printed Name

\_\_\_\_\_ Signature \_\_\_\_\_ Printed Name

**This application must be signed and dated. Signature indicates that all information is complete and accurate.**

Contractors are responsible for maintaining current license information, in addition to submitting proof of current general liability coverage, workman's compensation coverage if applicable, and surety bond coverage before performing any work in the City of Southport.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Signature of Officer, Partner, or Sole Proprietor**

**SOLE PROPRIETORS or PARTENERSHIPS with NO EMPLOYEES, Please Read and Sign Below:**

Please be advised that \_\_\_\_\_ has/have no employees at this time.

If in the future employees are hired, a certificate of insurance reflecting a policy of Workman's Compensation will be provided.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contractor's License Requirements**

1. Provide Certificate of Insurance listing "City of Southport" as Certificate holder.
2. Provide \$10,000 Surety bond listing "**City of Southport and/or Unknown Third Party**" as obligee.
3. Provide current license issued by the City of Indianapolis or another approved entity.
4. A two year **Residential** license fee is \$150. A two year **Commercial** license fee is \$200.

**For Office Use Only**

License # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Processed By \_\_\_\_\_