



City Of Southport
137 Worman Street, Southport, Indiana 46227
Office Number (317)786-3585
Email: clerktreasurer@southport.in.gov
www.southport.in.gov

Craft Contractor's License Application **Electrical** **HVAC** **Wrecking** **(Please Choose One)**

New **OR** **Renewal** (Please List Existing City of Southport Contractor's License # _____)

Sole Proprietor **Partnership** **Corporation** **LLC**

Exact Legal Name of Corporation, LLC, Partnership, or Sole Proprietor's Business Name. (Please write on above line.)

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

OR 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.
5. **INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED.**

For Office Use Only

License # _____ Date ____/____/____ Processed By _____