



City Of Southport
137 Worman St, 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. (Please Write on Line Above).

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, workmen'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 PARTNERSHIPS 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 Workmen'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. A two year Residential license fee is \$150. A two year Commercial license fee is \$200.
4. INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED.

For Office Use Only

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