



WAYNE COUNTY
Health Department
 Where Caring Meets the Community

100 S. 5th Street
 Richmond, IN 47374
 765-973-9245
www.co.wayne.in.us
 Christine Stinson, Executive Director
 David Jetmore, M.D., Health Officer

Contractor's Registration Application

Any person/business/ contractor making an application to have their name placed on the Contractor's Registry shall post an indemnity bond with the Wayne County Health Board in the penal sum of (\$20,000) in favor of the Wayne County Health Board conditioned upon the registrant's faithful compliance with this ordinance.

I hereby certify that I understand Chapter 91 of the Wayne County Ordinance and 410 IAC 6-8.3 of the Indiana Department of Health and that I will comply with all of the rules and provisions therein.

I hereby make an application to have my name placed on the contractor Registry by chapter 91 of the Wayne County Ordinance.

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Business Name _____

Email Address _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Submitted herewith, by chapter 91 of the Wayne County ordinance, is the required registration fee of two hundred fifty dollars (\$250) paid in the form of :

Applicant' Signature _____

Additional Employee's (\$150 per employee)

Name: _____

Name: _____

OFFICE USE

Date indemnity bond received _____ Bond number _____

Receipt Number _____ Issued by _____

Date of Approval _____ Approved by _____