
Name	Address	Telephone
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Name	Address	Telephone
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Name	Address	Telephone
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The Commissioner may reject the application if the applicant answers yes to any of the following questions:

1. Has the applicant been convicted of a crime within the past 5 years?
Involving dishonesty, fraud, deceit, or lack of integrity, whereby the
Applicant has benefited or whereby some injury has been sustained by
another.
Please check* Yes _____ No _____
2. Has the applicant, in the past 5 years, refused to pay valid bills of a least 5
different persons or forms; or has been adjudged bankrupt.
Please check* Yes _____ No _____
3. Has the applicant been convicted of a felony during the past 5 years?
Please check* Yes _____ No _____
If yes is checked, please explain on the reverse side of this page.

I hereby authorize investigation of all statements contained in this application for registration as may be necessary in arriving at a decision concerning registration. I understand that this application is not, and is not intended to be, a guarantee of registration.

Should my registration be granted, I understand that false or misleading information given in my application may result in revocation of the registration permit. I also understand that I am required to abide by the Building Code of the Town of Hamlet, Indiana.

Please be advised that this application will not be considered until the Certificate of Insurance is received.

_____(Initial) I certify that I have read and understand the Town of Hamlet Ordinance on Registration of Contractors, and the answers given herein are true and complete to the best of my knowledge.

Signature

Date

Insurance Carrier

Registration Number (for our use only)

**TOWN OF HAMLET
CONTRACTORS REGISTRATION**

PLEASE PRINT

Is this business a _____ partnership _____ joint venture _____ corporation _____ other?

Explain _____

NAME OF COMPANY _____

BUSINESS ADDRESS _____

BUSINESS TELEPHONE _____ FAX# _____

FEDERAL I.D. NUMBER _____ CELL# _____

NAME OF PRINCIPAL OFFICER _____

RESIDENTIAL ADDRESS _____

E-MAIL ADDRESS _____

Names of all officers, directors, or partners:

Name	Residential address	Position
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Name	Residential address	Position
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Name	Residential address	Position
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List all businesses owned, operated, and managed by the applicant in the past five years. In the case of a corporation, partnership or joint venture, the applicant is to be considered any director, officer or partner in the company.

Business name	Address
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Type of Contractor's Registration applied for: _____

List three references from reputable business and professional people not related by blood or marriage to the applicant, from the county of the applicant's reputation, as to honesty, integrity and good character.