

Registration # \_\_\_\_\_

**APPLICATION FOR  
CONTRACTOR REGISTRATION**

Year of \_\_\_\_\_

**TOWN OF TRAIL CREEK**

211 Rainbow Trail

Trail Creek, IN 46360

Phone: (219)872-2422 Fax: (219)878-1235

Email: [townhall@townoftrailcreek.in.gov](mailto:townhall@townoftrailcreek.in.gov)

Name of Applicant \_\_\_\_\_

DBA / Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

I hereby make application for registration as and hereby certify that the above information is true and correct.

- Building Contractor  Plumbing Contractor  Electrical Contractor  HVAC Contractor  
 Drywall-Painting Contractor  Roofing Contractor  Siding-Gutters-Windows-Doors  
 Sign Contractor  Excavation  Well-Sewer-Septic  Lawn Maintenance  Handy-Man

**\*\*Liability Insurance Certification Must Be Attached\*\***

**\*\*All Plumbing applicants MUST provide a copy of their Indiana State License\*\***

**\*\*Fee MUST accompany this application, made payable to: Town of Trail Creek\*\***

**\*\*Registration valid thru December 31 of the year application is requested\*\***

Registration fee: \$75.00 ----- Check No. \_\_\_\_\_ Cash \_\_\_\_\_

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_