

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

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 _____