

310 Lane Street
North Judson, IN 46366



P:574 896-3340
F:574 896-2153

CONTRACTOR'S REGISTRATION PERMIT APPLICATION

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Contact Person _____

Insurance Agent _____ Phone _____

List specified field(s) in which you are contracted to work; (Plumbing, Electrical, Tree Trimming/Removal, Heating & AC, General Contracting, etc, _____)

REQUIRED ATTACHMENTS:

Application Fee (for permits issued **before FEBRUARY 15 of current year**)

\$50.00 if NEW permit **\$25.00** if Renewal

(FEE IS \$75.00 FOR ALL PERMITS ISSUED AFTER FEBRUARY 15 of current year)

Certificate of Insurance (Minimum of \$1,000,000 coverage for general liability, public liability & vehicle coverage)

*******APPLICATION WILL NOT BE PROCESSED WITHOUT CERTIFICATE OF INSURANCE WITH THE TOWN OF NORTH JUDSON AS THE CERTIFICATE HOLDER. ALL DOCUMENTS WILL BE RETURNED.*******

I, _____, hereby certify that all of the information contained in this application and accompanying documents is true and correct to the best of my knowledge.
(Applicant's Printed Name)

Registered Contractor's agree to follow ALL Ordinances of the Town of North Judson and laws of the State of Indiana pertaining to his/her business. Failure to do so may result in suspension or revocation of Contractor's permit.

Signature of Applicant: _____

Date: _____

DO NOT WRITE BELOW THIS LINE!!

Permit Number 20 - _____ Expiration Date _____ / _____ / _____

Date Approved: _____ By: _____

Registration Fee Paid \$ _____ CASH CC or CHECK # _____ RECEIPT# _____