

Town of Westville

Application for Contractor's License

NOTE: Please allow 5-10 business days to process your application

Date: _____

Company Name _____

Address _____

Mailing Address (if different from above) _____

Phone _____ Name of Company Representative _____

Type of License You Are Applying For

General _____

Residential _____

Non-Residential _____

Electrical _____

Sub-Contractor _____ Type of Sub Contractor _____

of Years in Contracting Business _____ Are you familiar with local ordinances & state laws _____

Insurance Information – *Please attach a copy of your current policy or have your agent fax one to 219-785-2607*

General Liability Insurance Carrier _____

Workmen's Compensation Insurance Carrier _____

If you do not have Workmen's Compensation Insurance, please sign & date below

I represent that I have no employees or other individuals employed or otherwise associated with me and my business. I further represent that I have familiarized myself with the laws relating to Workmen's Compensation Insurance and I am not required by law to carry such insurance.

Signature _____ Date _____

Are you licensed in any other city or town: _____ If yes, where? _____

Have you ever had a Contractor's License revoked? If yes, please provide details _____

Deliberate misrepresentation of any material fact, fraud or deceit in obtaining a license could cause the license to be revoked. By executing this application and submitting it for the consideration of the Town of Westville, I certify that all information contained is accurate. If the applicant is a corporation, limited liability company, or partnership, the person executing this application represents that he/she has the requisite authority. Should any information change, the applicant shall be obligated to immediately notify the Town of Westville. Should any information be determined to be inaccurate or otherwise incomplete, the applicant's authority to work within the Town of Westville shall be revoked.

Signature _____ Date _____

Printed Name _____ Phone _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Phone Number(s) _____

_____ Approved _____ Denied

This _____ Day of _____, _____

Building Commissioner's Signature