



East Chicago Building Department

Division of Inspections & Permits/Code Enforcement
4444 Railroad Avenue, East Chicago, IN 46312
Phone: (219) 391-8294 ~ Fax: (219) 391-7013
www.eastchicago.com

Honorable Anthony Copeland, Mayor

Winna Guzman, Building Commissioner
wguzman@eastchicago.com

2016

Application for Building Contractor's License

All blanks must be completed before the application to be considered. Please print or type in black ink.

Section I. Business Information

Company Name	
Principal Address	
Local Office Address	
Business Phone	
Emergency Phone	
Fax No.	
Email	
Taxpayer I.D. #	
State of Incorporation	
Date of Incorporation	

Section II. Applicant Information

Applicant Name	
Title	
Residential Address	
Date of Birth	
Social Security No.	
Resident Phone	
Cellular No.	
Email	

1. Please specify License Type

General Electrical Plumbing HVAC Types A B C Wrecking

Sub-Contractor Please select up to 3 types:

- | | | |
|---|--|--|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Garage | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Gutters, Soffit, Fascia | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Masonry | <input type="checkbox"/> Wall Covering |
| <input type="checkbox"/> Excavating | <input type="checkbox"/> Painting | <input type="checkbox"/> Windows/Doors |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Pavers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Floor Covering | <input type="checkbox"/> Roofing | |

2. Please provide description of work and services the applicant will provide (applicable for all license types)

.....
.....

3. Check box for your type of business structure

Individual/Sole Proprietor Partnership Corporation Limited Liability

4. Provide name, address, title and telephone for each owner, partner, and/or officer and registered agents

	Name	Title	Address	Telephone
1.				
2.				
3.				
4.				

5. Please provide info if the applicant is an Individual/Sole Proprietor or Individual doing business under an assumed name (DBA)

Business Name			
Business Address			
Business Phone No.	Email		

6. Please list members of business, i.e. managers, acting agents designated to apply for building permits, etc.

	Name	Title	Telephone	Email
1.				
2.				
3.				
4.				

7. References (Business or Business Association)

	Name	Address	Telephone
1.			
2.			
3.			
4.			

8. Please list jobs completed by your company in the last two years

	Property Owner Name	Property Owner Address	Property Owner Telephone
1.			
2.			
3.			
4.			

9. Previous business addresses – list all past business addresses from which the applicant has engaged in contracting in the last five years

1.	
2.	

10. List localities where you are currently licensed. Also, please attach copies of license, certificate, etc.

	City	How Long
1.		
2.		
3.		
4.		

11. Previous Complaints

Disposition

Date

1.		
2.		
3.		

12. Have you ever been arrested/convicted in Indiana, or any other state of obtaining money under false pretenses, extortion, forgery, embezzlement or criminal conspiracy to defraud, or other like offenses? Yes No

13. Are you currently under indictment or charged by information for the offense of any of the above charges? Yes No

14. If yes, please explain nature of charges and the status of case.

15. If yes, please explain nature of arrest/charge, date of conviction, court and revocation where arrested/conviction, sentence imposed and whether the sentence or disposition has been completed.

16. Are you familiar with the applicable State of Indiana and City of East Chicago, Indiana respective building codes? Yes No

17. Are you familiar with the required permits, inspections and approvals necessary in the City of East Chicago, Indiana? Yes No

18. Financial Information

Financial Institution	Telephone	Address	Account Type
1.			
2.			
3.			
4.			

Section III. Signature Certification

I understand that I, or a representative of the above business, must inform the City of East Chicago, Indiana Building Department in writing should the business no longer carry insurance, if the business is dropped from an insurance carrier, or if any policy limits are reduced to an amount less than is required by the City of East Chicago, Indiana.

I understand that if the above applicant's business is dropped, no longer carries, or carries insurance in an amount less that is required by the City of East Chicago, Indiana or the laws of the State of Indiana, then the business license issued by the City as a result of this application shall be immediately rescinded and void.

I affirm under the penalties of perjury that all employees, agents and independent contractor's working directly or indirectly for the above business are fully covered by Workman's Compensation Insurance pursuant to the conditions and limits in conformity with the laws of the State of Indiana.

Any change in the facts stated in this application shall be reported to the Building Commissioner within 14 days of the effective date of such change. Failure to comply with this requirement is grounds for license revocation.

I affirm under the penalties of perjury that this application is true and complete, and I authorize the City of East Chicago, Indiana Building Department to make inquiries to verify the accuracy of the statements made herein. Any false statement or misrepresentation of any fact contained in this application is grounds for denial or revocation of the license for which I am applying.

Signature of Officer/Partner

Date

Print and Title

For Office Use Only

Departmental Approval:

Winna Guzman, Building Commissioner

Date Approved

Processed By

Date Processed

YEAR	2016			
QUIETUS				
BOND TYPE				
EXP. DATE				
INS. EXP DATE				
WORK COMP EXP		STATE:		
LICENSE NO.				
PLUMBER-CORP.	LIC NO.:	ISSUE DATE:	ISSUE DATE:	EXP. DATE:
PLUMBER-INDIVI.	LIC NO.	ISSUE DATE:	ISSUE DATE:	EXP. DATE:
STATE CERT/UST	LIC. NO:	ISSUE DATE:	ISSUE DATE	EXP. DATE:

Exam Date: _____

Exam Results: _____

Examiner: _____

12/18/2015