

Registration # _____

**APPLICATION FOR
CONTRACTOR REGISTRATION 2020
TOWN OF TRAIL CREEK
211 Rainbow Trail
Trail Creek, IN 46360
Phone: (219)872-2422 Fax: (219)878-1235
Email: trailcreek@sbcglobal.net**

Name of Applicant _____

DBA / Company Name _____

Address _____

City/State/Zip _____

Telephone Number _____

Fax Number _____

Cell Phone Number _____

I hereby make application for registration as and hereby certify that the above information is true and correct. Building Contractor Sign Contractor Plumbing Contractor Sewer-Excavating Electrical Contractor Drywall Contractor Painting Contractor

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

****All Contractor 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, 2020****

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

Applicant Signature _____