

**CONTRACTOR REGISTRATION
TOWN OF TRAIL CREEK
211 Rainbow Trail
Trail Creek, IN 46360
Phone (219)872-2422 Fax (219)878-1235**

APPLICATION FOR REGISTRATION 2019

Name of Applicant _____ Registration No _____

DBA / Company Name _____

Address _____

City/State/Zip _____

Telephone Number _____

Fax Number _____

Cell Phone Number _____

LIABILITY INSURANCE REQUIRED: Insurance Certification Attached YES NO

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

Please NOTE: All Contractor applicants MUST provide a copy of their Indiana State Bond and License.

_____ Applicant Signature

Fee MUST accompany this application, made payable to: Town of Trail Creek, IN.

Applicants: \$75.00 ----- Check No. _____ Cash _____