

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

APPLICATION FOR REGISTRATION

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 and hereby certify that the above information is
true and correct.

**Please NOTE: All Plumbing applicants MUST provide a copy of their Indiana State Plumbing
Contractor's License.**

_____ Applicant Signature

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

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