



- 2021 CONTRACTOR REGISTRATION APPLICATION -

PLEASE COMPLETE THE FOLLOWING:

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Street Address (If Different from Mailing): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail: _____

Liability Insurance Provider: _____

Workman's Comp Provider: _____

Types of Work Contractor Performs: _____

Plumbing License #: _____ Manufactured Home Installer License #: _____

**COMPLETED APPLICATIONS CAN BE DROPPED OFF OR MAILED
TO THE MIAMI COUNTY PLAN COMMISSION OFFICE AND/OR
EMAILED TO croser@miamicountyin.gov or kjohnson@miamicountyin.gov**