



GENERAL CONTRACTOR LICENSE APPLICATION PACKET

Please submit all required documentation, outlined below, as required for the filing status in which you are applying. Once you complete the application and obtain the required documents, please submit all documents together for processing. Documents may be submitted via email to Contractors@indy.gov or mailed to the address shown in the top, left-hand corner of this page. Partial or incomplete application packets will not be accepted. Any incomplete or incorrect information will result in the entire application packet being returned for revisions in the manner it was received.

All General Contractor licenses expire on December 31st of even-numbered years and are renewable every two years. All new license listings, *including business entity type changes*, will be required to attend an orientation class within sixty (60) days of initial issuance.

The business name on all the documentation provided (application, certificate of insurance, bond, and worker's compensation, registration, etc.) must read *exactly* the same.

COMPLETED COMPANY LICENSE APPLICATION

- Business Name
 - Sole Proprietors and General Partnerships
 - Business name should be listed as: "Owner(s) Name' DBA (doing business as) 'Business Name'".
 - LPs, LLPs, LLCs and Corporations
 - Full legal business name as registered with the Indiana Secretary of State
- Officers or Partners
 - Provide the name and address of anyone with financial interest in the business.
- Authorized Agents
 - Provide the name, email address, and signature of anyone that is authorized to apply for and obtain permits on behalf of the business.
 - Listing up to five agents is free. A \$63.00 fee will be assessed for each additional agent.

PROOF OF BUSINESS REGISTRATION

- Sole Proprietors and General Partnerships
 - Business name should be listed as: "Owner(s) Name' DBA (doing business as) 'Business Name'".
 - If the DBA includes the surname(s) of the proprietor or partners, registration of the business name is not required.
 - If the DBA does not include the surname(s) of the proprietor or partners, the DBA must be registered in the county in which the business originates. Proof of the DBA registration must be submitted with this application. If the county does not record DBA information, submit a letter from the county stating their policy.
- LPs, LLPs, LLCs, and Corporations
 - Proof of registration with the Indiana Secretary of State
- The business name on the documentation must match the business name as it is legally registered, if registration is required.

□ **CERTIFICATE OF INSURANCE** – Policy Declarations will not be accepted.

- Must provide the policy number or “Binder”. (A Binder will only be accepted for 30 days from date of policy issuance.)
- Must state the effective and expiration dates of the coverage.
- Must list full, legal business name as the Insured.
- Certificate Holder
 - “Consolidated City of Indianapolis and Marion County” or “Department of Business and Neighborhood Services” must be listed as the Certificate Holder along with Department’s address. (The Department’s address is in the top, left hand corner of this page.)
- Description of operations must be “General Contractor” or “General Contracting”.
 - No language limiting coverage to a specific job or address, to only permitted work, or to a specific scope of work.
 - Coverage must apply to all work performed under license.
- Must provide the Department with notice at least 15 days prior to cancellation of policy.
- **GENERAL LIABILITY POLICY REQUIREMENTS**
 - Coverage amounts
 - Minimum of \$500,000 for each occurrence of death or bodily injury and Minimum of \$100,000 for each occurrence of property damage OR Minimum of \$500,000 per occurrence for combined coverage of both bodily injury and property damage
 - Additional Insured Status
 - The “Consolidated City of Indianapolis and Marion County” or “Department of Business and Neighborhood Services” must be named as Additional Insured as the grantor of the license to perform work for your customers within the Consolidated City of Indianapolis and Marion County.
 - The certificate should state in writing in the Descriptions of Operations section or an Additional Remarks Schedule that the “Consolidated City of Indianapolis and Marion County” or “Department of Business and Neighborhood Services” is an Additional Insured with no language requiring a contract or agreement for the coverage because the business is not being contracted with for work to be performed for or on behalf of the City-County.
 - If an endorsement is needed to list the City-County as an Additional Insured without requiring a contract or agreement, we recommend agencies use the ISO CG2036 0413 or an endorsement with equivalent language. We require the Additional Insured only as the grantor of the license to perform work within the City-County’s jurisdiction.
 - If an endorsement is listed on the certificate, a copy of the endorsement must be provided.
- **WORKER’S COMPENSATION POLICY REQUIREMENTS**
 - Must carry Workman’s Compensation Insurance for workers employed in Indianapolis/Marion County.
 - If your business does not have employees:
 - Sole Proprietors, Partnerships, and LLCs
 - May complete the worker’s compensation waiver box on Page 2 of the Company License Application; or
 - Provide a *Workman’s Compensation Exemption Certificate Clearance Waiver* issued by the Worker’s Compensation Board of Indiana.
 - Corporations are required to carry worker’s compensation coverage – at least covering the owner/principal – by Indiana State Law, including Sub-S Corporations. If there are no employees, you must provide a *Workman’s Compensation Exemption Certificate Clearance Waiver* issued by the Worker’s Compensation Board of Indiana.
 - Ohio-based companies cover by Ohio’s worker’s compensation coverage:
 - A *Certificate of Compliance (State Form 41321)* will be required for your business from the Worker’s Compensation Board of Indiana.

□ **LICENSE OR PERMIT SURETY BOND (OR CONTINUATION CERTIFICATE FOR LICENSE RENEWAL)**

- Must be type-written. (Hand-written bonds will not be accepted.)
- Must list full, legal business name as the Principal.
- Must provide bond number.
- The name, address, and phone number of the bonding company & insurance agent must be present.
- Must be in the amount of \$10,000.00.
- The “Consolidated City of Indianapolis and/or an Unknown Third Party” must be named as Obligee.
- Must indicate coverage for a General Contractor or General Contracting.
- Must be signed by the owner or principal officer as the Principal. (If it is a partnership, all partners must sign.)

- Must have an expiration date of 12/31/2026 or 12/31/2028 present. Continuous bonds will not be accepted.
- Must provide confirmation of surety company's authority to do business in Indiana.

☐ LICENSE FEE

- New License Fee – Prorated fee amount based on when the license is applied for during the license term:
 - Applied for 01/01/2025 to 06/30/2025: \$247.00
 - Applied for 07/01/2025 to 12/31/2025: \$185.00
 - Applied for 01/01/2026 to 12/31/2026: \$124.00
- License Renewal Fee: \$247.00
- Additional Authorized Agent Fee [if exceeding (5) five agents]: \$63.00 each

Additional Contact Information:

Indiana Secretary of
State (317)232-6576
<https://inbiz.in.gov>

Worker's Compensation Board of Indiana
(317)232-3808 for Indianapolis-based
businesses (800)824-COMP for outside of
Indianapolis <https://www.in.gov/wcb/>

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Dept. of Business and Neighborhood Services
 Contractor Licensing
 200 E. Washington St., Suite 107
 Indianapolis, IN 46204
 Phone: (317) 327-1291
 Email: Contractors@indy.gov



INTERNAL USE ONLY
LICENSE #: _____
DATE PROCESSED: _____
PROCESSOR: _____

COMPANY LICENSE APPLICATION

THIS IS A TWO-SIDED DOCUMENT. PLEASE COMPLETE BOTH SIDES.

*INDICATES A REQUIRED FIELD

NEW LICENSE	RENEWAL OF EXISTING LICENSE	UPDATE/REVISION TO LICENSE
*LICENSE TYPE:	ELECTRICAL GENERAL HVAC	PLUMBING WRECKING
*BUSINESS TYPE:	CORPORATION LLC PARTNERSHIP	SOLE PROPRIETORSHIP

*EXACT LEGAL NAME OF BUSINESS (OR LEGAL DBA) _____

*NAME OF PRINCIPAL OFFICER, PARTNER, OR SOLE PROPRIETOR OF BUSINESS _____

*MAILING ADDRESS _____	PHYSICAL ADDRESS (IF MAILING ADDRESS IS PO BOX) _____
*CITY/STATE/ZIP CODE _____	CITY/STATE/ZIP CODE _____

*BUSINESS PHONE NUMBER _____ ALTERNATE PHONE NUMBER _____ *EMAIL ADDRESS _____
 (Will be used for permitting and licensing correspondence).

OFFICERS OR PARTNERS

List the name and address of all persons who have a financial interest in the business. If more space is needed, please include the additional names on a separate sheet of paper.

<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

AUTHORIZED AGENTS:

*List all individuals, employees, partners, and/or officers who will be authorized to secure permits in-person and online on behalf of the company. Listing up to five agents is free. A \$63.00 fee will be assessed for each additional agent.

1.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
2.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
3.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
4.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
5.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE

For Sole Proprietorships, Partnerships, or LLCs with no employees, please read and sign below to waive the worker’s compensation requirement. Corporations are not eligible for this option.

Please be advised that _____ has/have no employees at this time. If in the future employees are hired, a certificate of insurance reflecting a policy of workman’s compensation will be provided.

Signature: _____ Date: _____

Minority and Women Owned Business Enterprises (XBE)

For businesses headquartered and domiciled in the State of Indiana ONLY. This information is voluntary. If you would prefer not to answer, please leave this section blank.

If your business is Minority, Women, Veteran, or Disabled owned, select the box that best describes your business:

Minority-owned (MBE)

Women-owned (WBE)

Veteran-owned (VBE)

Disabled-owned (DOBE)

Is your business certified with the Office of Minority and Women Business Development? Yes No

Optional fee waiver questions for new General Contractor Sole Proprietor applicants only:

Depending on your responses to the questions below, and submission of supporting documentation, you may be eligible for a 50% or 100% reduction of the initial license fee.

Are you or your spouse active duty in the US Armed Forces or National Guard?	Yes	No
Are you or your spouse a veteran of the US Armed Forces or National Guard?	Yes	No
Are you currently enrolled in a federal public assistance program?	Yes	No
Is your household adjusted gross income at or below 185% of the federal poverty guideline?	Yes	No

Submitting this application indicates the applicant has read and agrees with the following statements.

Applicant agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws, ordinances, regulations, orders, and decisions of public officials. Applicant understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order, or decision is violated. Applicant agrees to give the Department of Business and Neighborhood Services written notice if there is any change in the licensed business, including authorized agents or license holders, during the term of the license such that the information provided in the application form is no longer complete or accurate after such change occurs. Applicant agrees to maintain current listing information in addition to submitting proof of current general liability coverage, workman’s compensation coverage if applicable, and surety bond coverage before performing any work in the Consolidated City of Indianapolis. The person signing this application affirms they have the authority to sign for the business being licensed.

This application must be signed and dated. Signature indicates the information is complete and accurate.

Signature _____

Date _____

Dept. of Business and Neighborhood Services
Contractor Licensing
200 E. Washington St., Ste. 107
Indianapolis, IN 46204
Phone: (317)327-1291
Email: Contractors@indy.gov



FOR INTERNAL USE ONLY

LICENSE #: _____

DATE PROCESSED: _____

PROCESSOR: _____

CRAFT LICENSE HOLDER APPLICATION

*INDICATES REQUIRED FIELD

NEW LICENSE RENEWAL OF EXISTING LICENSE LICENSE REVISION/UPDATE

*LICENSE TYPE: ELECTRICAL HVACR PLUMBING WRECKING

*NAME OF LICENSE HOLDER

*HOME ADDRESS (Street address, City, State, Zip)

*APPLICANT PHONE NUMBER

ALTERNATE BUSINESS PHONE

*APPLICANT EMAIL ADDRESS

*NAME OF COMPANY(IES) DOING BUSINESS WITH:

Optional fee waiver questions for new license holder applicants only:
Depending on your responses to the questions below, and submission of supporting documentation, you may be eligible for a full or 50% reduction of the initial license fee.

Are you or your spouse active duty in the US armed forces or national guard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or your spouse a veteran of the US armed forces or national guard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently enrolled in a federal public assistance program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your household adjusted gross income at or below 185% of the federal poverty guideline?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Submitting this application indicates the applicant has read and agrees with the following statements.

Applicant agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws, ordinances, regulations, orders, and decisions of public officials. Applicant understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order, or decision is violated. Applicant agrees to give the Department of Business and Neighborhood Services written notice if there is any change in the license, including the business(es) with whom you work, during the term of the license such that the information provided in the application form is no longer complete or accurate after such change occurs. Applicant agrees to provide direction, supervision, and control, including specifying work processes, over the accomplishment of the craft work for which they are the licensed, qualified individual.

This application must be signed and dated. Signature indicates the information is complete and accurate.

*SIGNATURE

*DATE

