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

PLUMBING 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 applications 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 plumbing contractor licenses expire on December 31st of odd-numbered years and are renewable every two years. Please note that *business entity type changes* will require a new business license to be issued.

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

☐COMPLETED CONTRACTOR COMPANY LICENSE APPLICATION

- Business Information
  - Select the legal entity type of the business.
  - Legal Name of Business
    - Sole Proprietors and General Partnerships
      - If the business is operating under a different name than your legal name(s), the business name should be listed on the license application as: "'Owner Name(s) DBA (doing business as) 'Business Name'".
    - LPs, LLPs, LLCs and Corporations
      - Full legal business name as registered with the Indiana Secretary of State
    - Assumed Name or 'Doing Business As"
      - If your business is operating under an Assumed Name, the Assumed Name must also be included in the full business name on the license application and will need to be included on the insurance certificate(s) and surety bond.
  - Name(s) of principal officer, partners, or sole proprietor
    - Provide the name of the business owner(s) or the business's principal officer.
  - Provide the business mailing address and the physical address if the mailing address is a P.O. Box.
  - Provide the phone number(s) of the business.
  - Provide the email address that should be used as the primary point of contact for the business. Permit and licensing correspondence will be sent to this email address.
- Financial Interest
  - Provide the name and address of all people with financial interest in the business.
    - Financial interest means any of the legal rights of ownership or beneficial interest in the profits of a business or any portion of the legal rights of ownership in any partnership, corporation or other legal entity having any portion of such rights or beneficial interest.
- Authorized Agents
  - Provide the full name, email address, and signature of anyone that is authorized to apply for and obtain permits on behalf of the business. Craft License Holders do not have to be listed as an authorized agent.
  - Listing up to five agents is free. A $63.00 fee will be assessed for each additional agent.
- Worker's Compensation Waiver
  - This section can be ignored.

☐**COMPLETED CRAFT LICENSE HOLDER APPLICATION**

- Each business must have at least one currently licensed Indiana State Plumbing Contractor as their license holder.
- When a license holder is initially being linked with the company's license, two letters are required:
  - A signed and dated letter from the license holder approving their license to be connected to the company's license.
  - A signed and dated letter from the company's principal officer approving the license holder to be connected to the company's license.
- A separate application is required for each individual craft license holder.
- Each license holder must be connected to a business license.

☐**PROOF OF BUSINESS REGISTRATION**

- Sole Proprietors and General Partnerships
  - If the business is operating under a different name than your legal name, the business name should be listed on the license application 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
- Assumed Name or 'Doing Business As"
  - If your business is operating under an Assumed Name, the Assumed Name must be legally recorded or registered in accordance with Indiana law.
- The business name on the documentation must match the business name as it is legally registered, if registration is required.

☐**LICENSE FEE**

- Business license fees are not assessed for sole proprietorships; only the license holder fees are assessed.
- New License Holder Fee – Prorated fee amount based on when the license is applied for during the license term:
  - Applied for 01/01/2026 to 06/30/2026: $142.00
  - Applied for 07/01/2026 to 12/31/2026: $107.00
  - Applied for 01/01/2027 to 12/31/2027: $71.00
- New Business License Fee – Prorated fee amount based on when the license is applied for during the license term:
  - Applied for 01/01/2026 to 06/30/2026: $142.00
  - Applied for 07/01/2026 to 12/31/2026: $107.00
  - Applied for 01/01/2027 to 12/31/2027: $71.00
- Business Renewal Fee: $142.00
- License Holder Renewal Fee: $142.00
- Additional Authorized Agent Fee [if exceeding (5) five agents]: $63.00 each

ADDITIONAL CONTACT INFORMATION

Indiana Plumbing Commission
(317)234-8800
Pla14@pla.IN.gov
https://www.in.gov/pla/professions/plumbing-home/plumbing-licensing-information

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

THE CITY OF INDIANAPOLIS

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CONTRACTOR COMPANY LICENSE APPLICATION

SUBMITTAL TYPE: ☐ New License ☐ License Renewal ☐ Update/Revision to License

LICENSE TYPE: ☐ Electrical ☐ General ☐ HVAC ☐ Plumbing ☐ Wrecking

BUSINESS INFORMATION

BUSINESS ENTITY TYPE: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship

_____

LEGAL NAME OF BUSINESS (Including legal Assumed Name if operating under an Assumed Name)

_____

NAME(S) OF BUSINESS'S PRINCIPAL OFFICER, PARTNERS, OR PROPRIETOR

_____

MAILING ADDRESS (Address, City, State, Zip)

_____

PHYSICAL ADDRESS (Only required if mailing address is a Post Office Box.)

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

FINANCIAL INTEREST

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.

Name	*Street Address*	*City*	*State*	*Zip*
Name	*Street Address*	*City*	*State*	*Zip*
Name	*Street Address*	*City*	*State*	*Zip*
Name	*Street Address*	*City*	*State*	*Zip*
Name	*Street Address*	*City*	*State*	*Zip*

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.

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

Worker's Compensation Insurance Requirement Waiver for Sole Proprietorships, Partnerships, or LLCs

Sole Proprietorships, Partnerships, or LLCs with no employees that do not have worker's compensation insurance, please read and sign below to waive the worker's compensation requirement. Corporations are not eligible for this option. Please list the business name on the line below.

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

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(es) that best describe(s) 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.

Printed Name	Signature	Date

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CRAFT LICENSE HOLDER APPLICATION

SUBMITTAL TYPE: ☐ New License ☐ License Renewal ☐ Update/Revision to License

LICENSE TYPE: ☐ Electrical ☐ HVAC ☐ Plumbing ☐ Wrecking

APPLICANT INFORMATION

_____
FULL NAME OF LICENSE HOLDER

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

_____ _____ _____
APPLICANT PHONE NUMBER ALTERNATE BUSINESS PHONE APPLICANT EMAIL ADDRESS

_____
NAME(S) 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 ☐	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 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 by the Craft License Holder. Signature indicates the information is complete and accurate.

_____ _____
License Holder Signature Date of Signature