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

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 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 portion of the application is only for sole proprietorships, general partnerships, or LLCs that have no employees and therefore do not have worker's compensation insurance. Corporations are not eligible for this waiver.
    - If your business has worker's compensation insurance, leave this section blank.

☐**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.

☐**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.)
- Effective and expiration dates of the coverage must be present.
- Must list full, legal business name as the Insured or be included as an Additional Named Insured.
- Must provide coverage for operations related to all general contracting work and related construction accomplished by the licensee or under permits obtained by the licensee
    - No language limiting coverage to a specific job or address of work, to only permitted work, or to a specific scope of work narrower than what the license permits the licensee to perform.
    - Coverage must apply to all work performed under license.
- Must provide this Department with notice at least 15 days prior to cancellation of policy.
- 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.)
- **GENERAL LIABILITY INSURANCE 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 for Consolidated City of Indianapolis
        - 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 on the general liability 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.
            - The Additional Insured endorsement recommended to list the City-County as an Additional Insured is the ISO CG 20 36 04 13 or an endorsement form with equivalent language. The Additional Insured status is required for the Consolidated City of Indianapolis only as the grantor of the license or authorization to perform work within the City-County's jurisdiction.
            - If an endorsement is listed on the certificate of insurance, a copy of the endorsement must be provided along with the certificate.

- **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 12/31/2028 or later 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 01/01/2027 to 06/30/2027: $247.00
  - Applied for 07/01/2027 to 12/31/2027: $185.00
  - Applied for 01/01/2028 to 12/31/2028: $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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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