**Registration #\_\_\_\_\_\_\_\_\_\_**

**APPLICATION FOR**

**CONTRACTOR REGISTRATION** **2023**

**TOWN OF TRAIL CREEK**

**211 Rainbow Trail**

**Trail Creek, IN 46360**

**Phone: (219)872-2422 Fax: (219)878-1235**

**Email:** [th@townoftrailcreek.com](mailto:th@townoftrailcreek.com)

**Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DBA / Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby make application for registration as and hereby certify that the above information is true and correct.

**[ ]Building Contractor [ ]Plumbing Contractor [ ]Electrical Contractor [ ]HVAC Contractor**

**[ ]Drywall-Painting Contractor [ ]Roofing Contractor [ ]Siding-Gutters-Windows-Doors**

**[ ]Sign Contractor [ ]Excavation [ ]Well-Sewer-Septic [ ]Lawn Maintenance [ ]Handy-Man**

**\*\*Liability Insurance Certification Must Be Attached\*\***

**\*\*All Plumbing applicants MUST provide a copy of their Indiana State License\*\***

***\*\*Fee MUST accompany this application, made payable to:* Town of Trail Creek\*\***

**\*\*Registration valid thru December 31, 2023\*\***

***Registration fee: $75.00 ------ Check No.\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_\_\_\_\_\_***

**Contractor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**