



City of Jeffersonville

Building Commission

500 Quartermaster Court, Suite 200, Jeffersonville, IN 47130 (812-285-6415) FAX (812-285-6468)

General Contractor's Application for License

A. STATUS OF APPLICANT: (check one) License Number _____

_____ Individual acting as sole proprietor:

_____ Individual affiliated with:

Name of Corporation or Partnership (**name of business**)

B. Name of Individual License Holder _____

Business Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Home _____

Fax # _____ Cell Phone # _____

C. Fees: \$25.00 TYPE OF APPLICATION

_____ New _____ Renewal

I HEREBY CERTIFY THAT THIS INFORMATION IS COMPLETE AND ACCURATE

Signature of License Holder

Date

Note: **INSURANCE REQUIREMENT**

A certificate of general liability insurance is required in the amount of \$100,000.00/\$300,000.00 before a license will be issued.

PLEASE SEND A STAMPED SELF-ADDRESSED ENVELOPE WITH APPLICATION