

**CONTRACTOR REGISTRATION FORM**

**CITY OF MOUNT VERNON, INDIANA**

Contact Name \_\_\_\_\_ Company Name \_\_\_\_\_

Contact Address \_\_\_\_\_ Company Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Phone \_\_\_\_\_ Company Phone \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Contact Email \_\_\_\_\_ Company Email \_\_\_\_\_

Driver License Number \_\_\_\_\_

Nature of Business \_\_\_\_\_

Year Established \_\_\_\_\_

Insured ? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, proof of insurance must be provided

Bonded ? YES \_\_\_\_\_ NO \_\_\_\_\_

Method of Payment : Check # \_\_\_\_\_ Cash \_\_\_\_\_

Date \_\_\_\_\_

Clerk \_\_\_\_\_

State Plumbing License Number, if applicable \_\_\_\_\_

Please Provide list of specific types of work in which contractor shall engage in the for which the application is being submitted. Please list all subcontractors and other employees or personal which shall work with or under the contractor in the year for which application is being submitted.