

Contractor Registration Form City of Mt. Vernon, Indiana

Company Name: _____ Owner's Name: _____

Business Address: _____ Owner's Address: _____

Business Phone Number: _____ Owner's Phone Number: _____

Cell Phone: _____ Cell Phone: _____

Year business established: _____ Driver's License Number: _____

Specific type of work that you will be engaged in: _____

Please list all subcontractors and other employees or personnel which shall work with or under you.

Insured Yes _____ No _____

Bonded Yes _____ No _____

** If yes provide copies of all documents showing proof of insurance and bonding. They can be brought in or faxed to the Clerk's office at (812) 838-8701.

State Plumbing License Number if applicable _____

** The contractor shall pay a **renewal fee of \$20.00 per year**, if the contractor wishes to continue to engage in the business of a contractor within the limits of the City in the next calendar year. Any renewal fee must be paid before February 1st of that year. Before the contractor engages in any work in that year, the contractor must verify in writing the information contained in the previous year's application continues to be true and accurate and supplement any new information necessary to comply with the registration requirements herein.

City of Mt. Vernon In 47620
520 Main Street
Mt. Vernon In 47620
(812) 838-3317 phone (812) 838-8701 fax

Building Commissioner:
Brandon Bullard
455-5027