

**CITY OF MICHIGAN CITY, INDIANA
APPLICATION FOR REGISTRATION**

Name of Applicant _____

DBA / Company Name _____

Address _____

City/State/Zip _____

Telephone Number _____

Fax Number _____

Cell Phone Number _____

LIABILITY INSURANCE REQUIRED: Insurance Certification Attached [] YES [] NO

I hereby make application for registration of a [] Building Contractor [] Sign Contractor
[] Plumbing Contractor [] Sewer-Excavating Contractor and hereby certify that the above information is true and correct.

Please NOTE: All Plumbing applicants MUST provide a copy of their Indiana State Plumbing Contractor's License.

Applicant Signature

Fee MUST accompany this application, made payable to: City of Michigan City, IN

\$150.00 ----- Check No. _____ Cash _____