

CITY OF MICHIGAN CITY, INDIANA
100 East Michigan Blvd.
Michigan City, IN 46360

LICENSE/EXAM APPLICATION

As they appear on applicants driver's license:

Name of Applicant _____

Home Address _____

City/State/Zip _____

DBA / Business Name _____

Email Address (required) _____

(If a partnership, joint venture, corporation or other type of business association or firm, the name and business address of the organization, and the name and residence of all officers, directors or partners, as the case may be, and their interest in the organization.)

Business Name _____

Business Address _____

Business Email _____

Telephone/Fax _____

Cell Phone _____

List all businesses owned, operated and managed by the applicant or in which the applicant has had an interest of any kind during the past five years, and the addresses of these businesses.

1) _____

2) _____

3) _____

4) _____

5) _____

The above applicant has NOT been convicted of a felony during the past five (5) years and is NOT presently indicted for committing a felony. YES / NO

THREE (3) LETTERS OF RECOMMENDATION MUST ACCOMPANY THIS APPLICATION.

(These letters must be from three different reputable businesses or professionals, not related by blood or marriage to the applicant, not from the applicant's business, be from the county of the applicant's home business address, vouching for the applicant's reputation as to honesty, integrity and good character.)

I hereby make application for license/examination for an **Electrical** **HVAC** contractor and hereby certify that the above information is true and correct.

(The required test is the **International Code Council Standard Master Electrician and the Standard Master Mechanical** tests. You must show proof of a passing grade of 75% in order to receive reciprocity. Otherwise, you must take the test.)

Applicant Signature

Non-refundable fee MUST accompany this application.

Checks made payable to: City of Michigan City

\$150.00 ---- Check No _____ Cash _____ Received By _____

Being duly sworn upon his/her oath, deposes and says that all statements made for the above application are true and said statements are made for the purpose of securing an examination for license as a _____ Contractor in the City of Michigan City, IN.

Subscribed and sworn to before me, a Notary Public, in and for said County

And State _____ this _____ day of _____ 20 _____

Commission expires:
Notary Public