



ST. JOSEPH COUNTY / CITY OF SOUTH BEND
CONTRACTOR PRE-LICENSING REGISTRATION



COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NO: _____ -- _____ -- _____

E-Mail: _____

OFFICERS: PRESIDENT: _____
VICE PRES: _____

TYPE OF CONTRACTOR: _____

NUMBER OF YEARS IN BUSINESS: _____

WORKER'S COMP. NO.: _____
(if applicable)

BOND NO: _____

BUSINESS REFERENCES:

| <u>Name</u> | <u>Address</u> | <u>Phone No.</u> |
|-------------|----------------|------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

| FOR OFFICE USE ONLY | |
|---------------------|---------|
| Number | Expires |
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I, _____, BEING DULY SWORN UNDER OATH, DEPOSE and say that all the statements in this application herewithin are true. I will be responsible for compliance with all ordinances and laws in effect governing work performed under building permits issued by the St. Joseph County/City of South Bend Building Department.

Signature of Applicant

Subscribed and Sworn to before me this _____ day of _____.

Signature of Notary

My Commission Expires: _____

Resident of _____ County.