**TOWN OF TRAFALGAR**

**CONTRACTOR LISTING APPLICATION – BOND**

*\*\*Form Must Be Filled Out Completely Each Year at Time of Renewal\*\**

Are you renewing your listing? Yes No

Have you ever been listed with us? Yes No

Have you or any responsible party within your

entity been revoked and/or suspended? Yes No

**CONTRACTOR:**

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SURETY BOND:**

Bond # **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Bond Company: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Insurance Company: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIST ALL OWNERS and/or RESPONSIBLE PARTIES OF THIS ENTITY:**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LISTING STATUS:** **circle one**

Sole Proprietor Corporation LLC

Partnership Other **\_\_\_\_\_\_\_\_\_\_**

**STAFF USE ONLY**

*Contractor Listing #***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Fee:* **\_\_\_\_\_\_\_\_\_\_** *Date:* **\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Check#* **\_\_\_\_\_\_\_\_** *Receipt #* **\_\_\_\_\_\_\_\_\_\_**

*Expiration of listing:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOWN OF TRAFALGAR - ORDINANCE # 2007-03**

**PERMIT COMPANY:**

If you will be utilizing the services of a permit company, please include the name of the company and/or persons:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INDIVIDUALS AUTHORIZED TO SECURE PERMITS UNDER THIS LISTING:**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I hereby affirm, under penalties of perjury, that the information contained herein is true and correct.***

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *Signature of applicant*

 ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 *Printed name Date*

**STATE OF INDIANA**

 **SEAL**

**COUNTY OF**  **JOHNSON**

*Subscribed and sworn to before me, a Notary Public in and for said county and state, this* ***\_\_\_\_\_\_\_\_*** *day of* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *, in the year* ***\_\_\_\_\_\_\_\_.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Signature of Notary*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Printed Name of Notary Date*

*My commission expires:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***