

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entity been revoked and/or suspended?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: _____