



APPLICATION FOR GENERAL CONTRACTOR LICENSE

Building Commission
500 Quartermaster Ct., Ste. 200; Jeffersonville, Ind. 47130
Phone: 812-285-6415 • Fax: 812-285-6468
www.cityofjeff.net

Date : _____

License # : _____

Type of application: _____ New
_____ Renewal

I. Registration information

- Name of business: _____
- Name of individual license holder: _____
- Address: _____
- City, State, Zip Code: _____
- Office phone: _____ Cell phone: _____ Fax: _____
- E-mail: _____

Additional information:

- The city of Jeffersonville requires contractors to hold liability insurance of \$100,000/\$300,000 with the city of Jeffersonville as certificate holder.
- Applicants will be asked to provide a photo ID.
- Upon completion of this application process and payment of the \$25 license fee, general contractor licenses are valid until March 1.

Acknowledgement:

I hereby certify this information is complete and accurate.

X _____
(signature of license holder) (date)