



BUILDING DEPARTMENT

MOVING CONTRACTOR PRE-LICENSING REGISTRATION FORM

COMPANY NAME: _____ E-MAIL: _____

ADDRESS: _____ TELEPHONE NUMBER: _____

OFFICERS:

PRESIDENT/LICENSE HOLDER: _____

VICE PRESIDENT: _____

BUSINESS ASSOCIATION (check one):

- Limited Liability Company (LLC)
- Sole Proprietorship
- General Partnership
- Corporation
- S-Corporation
- Nonprofit Corporation
- Limited Liability Partnership (LLP)
- Limited Partnership
- Other: _____

*All contractors must provide updated proof of workers' compensation coverage in the form of:

- Certificate of Workers' Compensation Insurance; **OR**
- Certificate of self-insurance from the Indiana Workers' Compensation Board; **OR**
- Certificate of independent contractor exemption from the Indiana Department of Revenue

*If none of these documents apply, an affidavit or other legal basis for non-coverage in accordance with Indiana law must be provided

*Contractors are responsible for having applicable Workers' Compensation throughout Registration/License term.

https://www.in.gov/core/business_guide.html

*Contractors are responsible for being properly registered with the State of Indiana, when applicable:

[www.in.gov/ica](#)

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

