



City of New Castle, Building Commissioner

227 North Main Street • New Castle, IN 47362

Phone (765) 521-6823 • Fax (765) 521-6826 • Email: Building-Department@cityofnewcastle.net

APPLICATION FOR CONTRACTOR'S LICENSE PLEASE PRINT

TYPE OF LICENSE REQUESTED:

ELECTRICAL () HVAC () PLUMBING ()
GENERAL CONTRACTOR () CONCRETE/MASONRY ()
DEMOLITION () EXCAVATION ()
SIGN INSTALLATION () TREE TRIMMING ()
OTHER: _____

FEES:

\$90 SINGLE TRADE
\$30 PER ADDITIONAL TRADE
\$30 PLUMBING REGISTRATION

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

BUSINESS PHONE: _____ FAX: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____

DATE OF BIRTH: _____

LIABILITY INSURANCE AGENCY: _____

CERTIFICATE OF LIABILITY REQUIRED

AGENT NAME: _____

AGENT ADDRESS: _____

NUMBER YEARS EXPERIENCE IN TRADE REQUESTED: _____

DESCRIBE WORK RELATED EXPERIENCE: _____

LIST A MINIMUM OF THREE (3) REFERENCES WHERE YOU HAVE WORKED
IN THE FIELD REQUESTED (WORK EXPERIENCE):

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

****PLEASE ATTACH ANY DOCUMENTATION THAT VERIFIES WORK
EXPERIENCE (LETTERS OF REFERENCE; LETTERS OF EMPLOYMENT,
ETC) ****

DO YOU HOLD A CONTRACTOR'S LICENSE IN ANY OTHER COMMUNITY?
YES ____ NO ____ **IF SO, PLEASE PROVIDE COPY.**

HAVE YOU TAKEN PROMETRIC EXAM? YES ___ NO ___ **IF SO, PLEASE
PROVIDE TEST SCORES FROM YOUR SPONSORING OFFICE.**

HAVE YOU EVER HAD A CONTRACTOR'S LICENSE REVOKED?

YES ____ NO ____

IF YES, PLEASE EXPLAIN: _____

ARE THERE ANY JUDGEMENTS, SUITS, OR CLAIMS AGAINST YOU?

YES ____ NO ____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER FILED BANKRUPTCY? YES ____ NO ____

IF SO, PLEASE EXPLAIN: _____

**THE CITY OF NEW CASTLE IS AUTHORIZED TO REQUEST ADDITIONAL
INFORMATION, IF NEEDED. ANY INDIVIDUAL OR AGENCY HEREIN
NAMED IS HEREBY ALSO AUTHORIZED TO SUPPLY ANY INFORMATION
THAT MAY BE DEEMED NECESSARY TO VERIFY ANY STATEMENTS IN
THIS APPLICATION.**

**BY SIGNING BELOW, I AM GRANTING THIS WAIVER FOR THE CITY OF
NEW CASTLE, INDIANA, TO COMPLETE A CRIMINAL RECORD CHECK.**

**THE FOREGOING STATEMENTS AND RESPONSES ARE TRUE AND
CORRECT TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE: _____ DATE: _____