

TOWN OF LOWELL
CONTRACTORS LICENSE RENEWAL APPLICATION
Please Print or Type

Date _____ Contractor Specialty or Type _____

Business Name _____

Business Address _____ Suite _____

City and State _____ Zip _____

Business Phone No. _____ Cell No. _____

E-mail Address _____

License Holders Name _____

Signature _____

Address _____

City and State _____ Zip _____

FOR OFFICE USE ONLY

FEE _____ DATE PAID _____ RECEIPT NO. _____

Plumbing Contractors Only: Enclose copy of your current State of Indiana Plumbing Contractors License.

Plumbing Contractors License # _____ Exp. _____

Note: It is the CONTRACTORS RESPONSIBILITY to provide updates when bond and / or insurance expires during the calendar year of registration. Failure to do so will result in the lapse of your registration.

Notify the Building Department of any changes in the above information during the calendar year of registration. Your registration is valid for the calendar year only.

Approved _____ Denied _____ Reason: _____

Code Official