CITY OF MICHIGAN CITY, INDIANA  
100 East Michigan Blvd.  
Michigan City, IN 46360  

LICENSE/EXAM APPLICATION

As they appear on applicants driver's license:

Name of Applicant ____________________________________________

Home Address ________________________________________________

City/State/Zip ________________________________________________

DBA / Business Name __________________________________________ 

Email Address (required) _______________________________________

(If a partnership, joint venture, corporation or other type of business association or firm, the name and business address of the organization, and the name and residence of all officers, directors or partners, as the case may be, and their interest in the organization.)

Business Name ______________________________________________

Business Address ____________________________________________

Business Email ______________________________________________

Telephone/Fax ________________________________________________

Cell Phone __________________________________________________

List all businesses owned, operated and managed by the applicant or in which the applicant has had an interest of any kind during the past five years, and the addresses of these businesses.

1) _________________________________________________________

2) _________________________________________________________

3) _________________________________________________________

4) _________________________________________________________

5) _________________________________________________________

The above applicant has NOT been convicted of a felony during the past five (5) years and is NOT presently indicted for committing a felony. YES / NO
THREE (3) LETTERS OF RECOMMENDATION MUST ACCOMPANY THIS APPLICATION.

(These letters must be from three different reputable businesses or professionals, not related by blood or marriage to the applicant, not from the applicant's business, be from the county of the applicant's home business address, vouching for the applicant's reputation as to honesty, integrity and good character.)

I hereby make application for license/examination for an ___ Electrical ___ HVAC contractor and hereby certify that the above information is true and correct.

(The required test is the International Code Council Standard Master Electrician and the Standard Master Mechanical tests. You must show proof of a passing grade of 75% in order to receive reciprocity. Otherwise, you must take the test.)

Applicant Signature

Non-refundable fee MUST accompany this application.
Checks made payable to: City of Michigan City

$150.00 ---- Check No ________ Cash ________ Received By ________

Being duly sworn upon his/her oath, deposes and says that all statements made for the above application are true and said statements are made for the purpose of securing an examination for license as a ______________ Contractor in the City of Michigan City, IN.

Subscribed and sworn to before me, a Notary Public, in and for said County

And State __________ this ________ day of __________ 20________

_____________________________  __________________________________
Commission expires:   Notary Public

Revised – January 2018