

CITY OF PERU CONTRACTOR REGISTRATION

CONTACT INFORMATION

DATE:
NAME:
COMPANY:

ADDRESS:
CITY: STATE: ZIP:

PHONE: WORK
PHONE: HOME
PHONE: CELL
FAX:
EMAIL:
WEBSITE:

YEAR BUSINESS STARTED:

TYPE OF WORK ACTIVITY

GENERAL	ELECTRICAL	WINDOWS	WALLPAPER
EXCAVATION	PLUMBING	SIDING	CARPET
CONCRETE	HVAC	INSULATION	CABINETS
CARPENTRY	ROOFING	DRYWALL	TRIM
MASONRY	GUTTERS	PAINTING	
OTHER: _____			

EMPLOYEE INFORMATION

EMPLOYEES: 1-5 6-10 11-20 21-50 51-100 100 or more

INSURANCE INFORMATION

BOND OR INSURANCE CERTIFICATE PROVIDED: YES NO

LIABILITY:
WORKMAN'S COMP:
EXEMPTION FROM WC:
SURETY BOND:

REGISTRATION INFORMATION

REGISTRATION NUMBER:

FEE \$25.00 PAID THRU:

CHECK # _____ CASH _____

Building Department
35 S Broadway, Peru, IN 46970
Phone: (765) 473-4881 or Fax: (765) 472-5815
Email: buildingcomm@cityofperu.org
Website www.cityoperu.org