

Department of Code Enforcement
 1200 Madison Ave, Suite 100
 Indianapolis, Indiana 46225
 Phone: (317) 327-1291
 Email: Contractors@indy.gov



Department of Code Enforcement
Indianapolis
 Gregory A. Ballard, Mayor

License #	_____
Processed by	_____
Date	_____

NEW CONTRACTORS LICENSE APPLICATION – COMPANY

LICENSE TYPE: GENERAL ELECTRICAL HVAC PLUMBING WRECKING

COMPANY TYPE: SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC

Cornerstone Roofing LLC
 EXACT LEGAL NAME OF BUSINESS NAME (OR DBA) _____ NAME OF SOLE PROPRIETOR, PARTNER, OR OFFICER

5695 W. Cawich Rd
 MAILING ADDRESS _____ PHYSICAL ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)

ELLETTSVILLE IN 47429
 CITY/STATE/ZIP CODE _____ CITY/STATE/ZIP CODE

812-300-0147 812-606-3636 Mhunsucker@cornerroof.com
 BUSINESS NUMBER FAX NUMBER HOME NUMBER EMAIL ADDRESS

List all employees, partners, and/or officers who will be authorized to secure permits (Remember to include agents/applicants who are authorized to submit permits over the internet, if your company subscribes to LOGO Indiana)

- | | | | |
|---|---------------------------------------|--|---|
| 1 | <u>Amy Snapp</u>
SIGNATURE | <u>Amy Snapp</u>
PRINT NAME | <u>ASnapp@cornerroof.com</u>
EMAIL ADDRESS |
| 2 | <u>Brandon Woodward</u>
SIGNATURE | <u>Brandon Woodward</u>
PRINT NAME | <u>Bwoodward@cornerroof.com</u>
EMAIL ADDRESS |
| 3 | <u>Matthew Hunsucker</u>
SIGNATURE | <u>Matthew Hunsucker</u>
PRINT NAME | <u>MHunsucker@cornerroof.com</u>
EMAIL ADDRESS |
| 4 | _____
SIGNATURE | _____
PRINT NAME | _____
EMAIL ADDRESS |
| 5 | _____
SIGNATURE | _____
PRINT NAME | _____
EMAIL ADDRESS |

****FOR SOLE PROPRIETORS, PARTNERSHIPS OR LLCs WITH NO EMPLOYEES, PLEASE READ AND SIGN BELOW:****

Please be advised that _____ has/have no employees at this time. If in the future employees are hired, a certificate of insurance reflecting a policy of workman's compensation will be provided.

Signature _____ Date _____

This application must be signed and dated. Signature indicates the information is complete and accurate. Contractors are responsible for maintaining current listing information, in addition to submitting proof of current general liability coverage, workman's compensation coverage if applicable, and surety bond coverage before performing any work in the Consolidated City of Indianapolis.

Matthew Hunsucker
 SIGNATURE OF OFFICER, PARTNER, OR SOLE PROPRIETOR RESPONSIBLE FOR LISTING

11/20/18
 DATE