

IN ORDER TO RENEW LICENSE, WE WILL NEED A COPY OF YOUR  
CURRENT LAKE COUNTY LICENSE, UNLESS THE CONTRACTOR TESTED  
IN THE TOWN OF LOWELL

**TOWN OF LOWELL  
CONTRACTORS REGISTRATION 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*

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FEE \_\_\_\_\_ DATE PAID \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

Lake County Licenses ARE REQUIRED per Town of Lowell Ordinance, unless  
contractor tested in the Town of Lowell.

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: \_\_\_\_\_

\_\_\_\_\_  
Building Official