

# **2025 ELECTRICAL LICENSE APPLICATION**

City of Elkhart, Indiana  
Address: 229 S. 2<sup>nd</sup> Street, Elkhart, IN 46516  
Ph. 574-294-5474 [www.elkhartindiana.org](http://www.elkhartindiana.org)

**TYPE OF APPLICATION (check one):**    NEW                       RENEWAL                       DATA CHANGE

**PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:**

**LICENSEE NAME (first, middle initial, last):** \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR  
THE LICENSE TO BE ISSUED.**

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE.  
THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY:**

ACCEPTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE #: \_\_\_\_\_ FEE PAID: \_\_\_\_\_