

\$50.00 Annual Fee
Steuben County Building Department
317 S Wayne St, Ste 3H
Angola IN 46703
260-668-1000 ext 1250

Contractor Registration Form

Business Name _____

Business Address _____

City, State, Zip _____

Phone # _____ Cell Phone# _____

Plumber License # _____

Email Address: _____

Signature _____

Printed Name _____

Date _____

1. Have your insurance company send the Steuben County Building Department a certificate of insurance for workers compensation and liability. By fax (665-9397) or by mail at the above address.
2. You must go to the recorders office and file a Certificate of Assumed Business Name. (Copy Attached) Return a copy to this office. If you have the form notarized and send a check made to Steuben County Recorder for \$25.00 we will submit it to the recorder.