



## **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED**

Please make sure your application submittal package contains all of the following:

- ☐ All fields above “For Office Use Only” are to be completely filled out
- ☐ Application must be signed and dated
- ☐ Certificate of Insurance with General Liability
- ☐ Certificate of Insurance with Workers Compensation

or

Workers Compensation Exemption Certificate from the State of Indiana

- ☐ Recorded Bond
- ☐ Plumbers must submit Indiana Plumbing License Certificate

*For further details, refer to instructions on page 3*

NOTE: Out-of-state corporations must submit a Certificate of Foreign Registration to do business in the State of Indiana. The form can be obtained through the Secretary of State office in Indianapolis, IN at [www.in.gov](http://www.in.gov)

**It is the contractor's responsibility to file.**



## Town of Munster

### Contractor's Registration Application - New and Renewal

Town of Munster, Office of Community Development, 1005 Ridge Road, Munster, IN 46321

Office: (219)836-6990 — Fax (219) 836-6542 — E-mail: [communitydevelopment@munster.org](mailto:communitydevelopment@munster.org)

Year of Request		Date	
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BUSINESS INFORMATION		OWNER INFORMATION	
____ PLEASE CHECK IF <b>NEW</b> BUSINESS OR IF ANY OF THE BUSINESS INFORMATION HAS <b>CHANGED</b> FROM THE PREVIOUS YEAR		____ PLEASE CHECK IF <b>NEW</b> OWNER OR IF ANY OF THE OWNER INFORMATION HAS <b>CHANGED</b> FROM THE PREVIOUS YEAR	
NAME		NAME	
ADDRESS		ADDRESS	
PHONE #		PHONE #	
FAX #		DATE OF BIRTH	
EMAIL		SEX	____ MALE ____ FEMALE
CONTRACTOR TYPE OR SPECIALTY		RACE	____ AMERICAN INDIAN OR ALASKAN ____ ASIAN OR PACIFIC ISLAND ____ BLACK ____ MULTI-RACIAL ____ WHITE ____ UNKNOWN

AUTHORIZATION (REQUIRED)			
SIGNATURE	X	DATE	
TITLE			

CERTIFICATE OF INSURANCE		RECORDED BOND	
LIABILITY EXPIRATION DATE		TYPE OF BOND (MUST SUBMIT ONE OF THE FOLLOWING)	____ LAKE COUNTY <i>or</i> ____ MUNSTER
WORKERS COMPENSATION INSURANCE EXPIRATION DATE (IF EXEMPT SEE BELOW)		BOND EXPIRATION DATE	
WORKERS COMPENSATION EXEMPT	____ YES	IF LAKE COUNTY BOND. MUST BE RECORDED. IS BOND RECORDED?	____ YES
IF WORKERS COMPENSATION EXEMPTION - EXPIRATION DATE		IF MUNSTER BOND - MUST BE RECORDED. IS BOND RECORDED? IS THE SIGNED ORIGINAL INCLUDED?	____ YES ____ YES

ADDITIONAL REQUIREMENTS - IF APPLICABLE			
ARE YOU A BACKFLOW TESTER	____ YES ____ NO		
PLUMBERS	INDIANA PLUMBING LICENSE #	EXPIRATION DATE	

FOR OFFICE USE ONLY							
FEE \$		DATE REC'D		REC'D BY		DATE ISSUED	
RECEIPT #				CONTRACTOR NUMBER		BACKGROUND CHECK	



# Town of Munster Annual Contractor Registration Requirements

Munster Municipal Code Chapter 10, Article IV

**\*\*\*COPIES OF ALL PAPERWORK TO BE SUBMITTED AS A COMPLETE APPLICATION\*\*\***

General Contractors and Subcontractors/Specialty Contractors wishing to perform work in the Town of Munster must first register as a contractor with the Town of Munster, IN. Contractor Registrations run for a Calendar Year.

Registration consists of: 1) Background Check, 2) Application, 3) Proof of Insurance/Worker's Compensation, 4) Proof of Bond, 5) Payment.

**1. Background Check:** (New applicants and contractors NOT registered within the last five years)

Prior to the issuance of a registration as a general contractor or subcontractor/specialty contractor, the Town shall conduct a *limited criminal background check* pertaining to the owner/applicant.

**2. Completed Contractor Registration Application:** (submitted annually)

An application is required to be submitted yearly with the current business and owner/applicant information.

**3. Certificate of Insurance:**

**Certificate Holder:** Town of Munster, 1005 Ridge Road, Munster, IN 46321

**Public Liability:** Shall be an all-perils or umbrella policy of at least \$1,000,000

**Worker's Compensation:** Worker's Compensation Insurance, if applicable. If not applicable, an Exemption Form from the State of Indiana Worker's Compensation Board must be obtained and submitted with the application submittal package. The form can be obtained @ [in.gov/wcb](http://in.gov/wcb) (Form 45889) or a complimentary copy of the application may be requested from our office.

**4. Bond:** (one of the options listed below)

- Copy of recorded \$5,000 Bond made out to Lake County and all Cities and Towns therein; bond must be recorded at the *Lake County Recorder's Office, 2293 North Main Street, Crown Point, IN 46307, (219) 755-3730*

**OR**

- Signed original \$5,000 Bond made out to Town of Munster; bond must be recorded at the *Lake County Recorder's Office, 2293 North Main Street, Crown Point, IN 46307, (219) 755-3730* and mailed or hand delivered to our office.

**5. Payment:**

- **New contractors and contractors NOT registered within the last five years**

\$25.00 - Non-refundable Limited Criminal Background Check Fee

**AND** one of the following:

- **Contractors Whose Business Address is in Munster\***

\$25.00 - New applicants and contractors NOT registered within the last five years

**\*Contractors whose business address is in Munster must first register as a business with the Munster Clerk-Treasurer.**

- **Contractors Whose Business Address is not in Munster**

\$50.00 - Renewal fee for contractors registered within the last five years

\$100.00 - New applicants and contractors NOT registered within the last five years

**Additional Requirements for Specific Contractor Types:**

**Backflow Testing:** Copy of your State License or a letter from the State declaring you have been certified to test back flow preventers.

**Plumbers:** Copy of your Indiana State Plumbing License with expiration date. (Out-of-state license holder reciprocity; please go to [in.gov/pla/professions/plumbing/home/](http://in.gov/pla/professions/plumbing/home/) to secure your Indiana License; IC25-28.5-1-19)

Completed applications may be submitted as follows:

**Mailed with Payment:** Community Development Department **OR** **E-mailed (Payment to be made upon review approval):**  
Town of Munster  
1005 Ridge Road,  
Munster, IN 46321  
[communitydevelopment@munster.org](mailto:communitydevelopment@munster.org)

Direct questions to: [communitydevelopment@munster.org](mailto:communitydevelopment@munster.org) or 219-836-6990

**If your insurance, workers compensation, or bond lapses at any time within the calendar year, your registration becomes invalid until updated documentation has been submitted the Community Development/Building Department.**

**It is the contractor's responsibility to provide the required updates.**