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

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

## Year of Request

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### BUSINESS INFORMATION

<table>
<thead>
<tr>
<th>PLEASE CHECK IF NEW BUSINESS OR IF ANY OF THE BUSINESS INFORMATION HAS CHANGED FROM THE PREVIOUS YEAR</th>
<th>PLEASE CHECK IF NEW OWNER OR IF ANY OF THE OWNER INFORMATION HAS CHANGED FROM THE PREVIOUS YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>NAME</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>ADDRESS</td>
</tr>
<tr>
<td>PHONE #</td>
<td>PHONE #</td>
</tr>
<tr>
<td>FAX #</td>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td>EMAIL</td>
<td>SEX</td>
</tr>
<tr>
<td>_____ MALE                                       _____ FEMALE</td>
<td>_____ AMERICAN INDIAN OR ALASKAN</td>
</tr>
<tr>
<td>_____ ASIAN OR PACIFIC ISLAND</td>
<td>_____ BLACK                        _____ MULTI-RACIAL</td>
</tr>
<tr>
<td>_____ WHITE                                    _____ UNKNOWN</td>
<td></td>
</tr>
</tbody>
</table>

### CONTRACTOR TYPE OR SPECIALTY RACE

<table>
<thead>
<tr>
<th>_____ AMERICAN INDIAN OR ALASKAN</th>
<th>_____ ASIAN OR PACIFIC ISLAND</th>
<th>_____ BLACK</th>
<th>_____ MULTI-RACIAL</th>
<th>_____ WHITE</th>
<th>_____ UNKNOWN</th>
</tr>
</thead>
</table>

### CERTIFICATE OF INSURANCE

<table>
<thead>
<tr>
<th>LIABILITY EXPIRATION DATE</th>
<th>TYPE OF BOND (MUST SUBMIT ONE OF THE FOLLOWING)</th>
<th>LAKE COUNTY or MUNSTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORKERS COMPENSATION INSURANCE EXPIRATION DATE (IF EXEMPT SEE BELOW)</td>
<td>BOND EXPIRATION DATE</td>
<td></td>
</tr>
<tr>
<td>WORKERS COMPENSATION EXEMPT</td>
<td>IF LAKE COUNTY BOND MUST BE RECORDED - IS BOND RECORDED</td>
<td>YES</td>
</tr>
<tr>
<td>IF WORKERS COMPENSATION EXEMPTION - EXPIRATION DATE</td>
<td>IF MUNSTER BOND - IS ORIGINAL INCLUDED</td>
<td>YES</td>
</tr>
</tbody>
</table>

### ADDITIONAL REQUIREMENTS - IF APPLICABLE

<table>
<thead>
<tr>
<th>ARE YOU A BACKFLOW TESTER</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLUMBERS</td>
<td>INDIANA PLUMBING LICENSE #</td>
<td>EXPIRATION DATE</td>
</tr>
</tbody>
</table>

### FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>FEE $</th>
<th>DATE REC'D</th>
<th>REC'D BY</th>
<th>DATE ISSUED</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECEIPT #</td>
<td>CONTRACTOR NUMBER</td>
<td>BACKGROUND CHECK</td>
<td></td>
</tr>
</tbody>
</table>
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***

All persons wishing to conduct a business or occupation as a general building contractor or building subcontractor in Munster must be registered as a contractor with the Town. Contractor registrations run for a calendar year.

Registration consists of five (5) parts: background check, application, proof of insurance/workers compensation, proof of bond, and payment.

1. **Background Check:** (annually - each year of registration)
   
   Prior to the issuance of any license as a general building contractor or subcontractor, the town shall conduct a *limited criminal background check* pertaining to the applicant.

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

   An updated application is required yearly with the current business and 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
   - **Workers Compensation:** workers compensation insurance if applicable. If not applicable, an exemption form from the State of Indiana Workman’s Compensation Board must be obtained. The form may be obtained on the in.gov/wcb/ website (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**

   - Original $5,000 Bond made out to Town of Munster, this must be mailed or dropped off in one of our drop boxes

5. **Payment:**

   - **All Contractors (Annually)**
     
     $25.00 - Non-refundable Criminal Background Check Fee
   
   AND one of the following:

   - **Contractors Whose Business Address is in Munster**
     
     $25.00 - All new contractors and renewal for contractors NOT registered within the last five years
     
     *Contractors whose business address is in Munster must also 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 - All new contractors and renewal for 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 you Indiana State Plumbing License that shows the expiration date.
- **Electricians:** Must pass an electrical proficiency test prepared and administered by the Munster Building Department.

Completed applications may be submitted as follows:

**Mailed with Payment:** Community Development Department

1005 Ridge Road

Munster, IN 46321

**OR**

E-mailed (Payment to be made upon review approval):

communitydevelopment@munster.org

Direct questions to: 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 to the Community Development/Building Department.

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

Revised 12.30.2020