



**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

- 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](mailto:communitydevelopment@munster.org)

Year of Request		Date	
<b>BUSINESS INFORMATION</b>		<b>OWNER INFORMATION (used for background check)</b>	
<input type="checkbox"/> PLEASE CHECK IF <b>NEW</b> BUSINESS OR IF ANY OF THE BUSINESS INFORMATION HAS <b>CHANGED</b> FROM THE PREVIOUS YEAR		<input type="checkbox"/> 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	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CONTRACTOR TYPE OR SPECIALTY		RACE	<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN <input type="checkbox"/> ASIAN OR PACIFIC ISLAND <input type="checkbox"/> BLACK <input type="checkbox"/> MULTI-RACIAL <input type="checkbox"/> WHITE <input type="checkbox"/> UNKNOWN
<b>AUTHORIZATION (REQUIRED)</b>			
SIGNATURE	X	DATE	
TITLE			
<b>CERTIFICATE OF INSURANCE</b>		<b>BOND</b>	
LIABILITY EXPIRATION DATE		TYPE OF BOND (MUST SUBMIT ONE OF THE FOLLOWING)	<input type="checkbox"/> LAKE COUNTY <i>or</i> <input type="checkbox"/> MUNSTER
WORKERS COMPENSATION INSURANCE EXPIRATION DATE (IF EXEMPT SEE BELOW)		BOND EXPIRATION DATE	
WORKERS COMPENSATION EXEMPT	<input type="checkbox"/> YES	IF LAKE COUNTY BOND MUST BE RECORDED - IS BOND RECORDED	<input type="checkbox"/> YES
IF WORKERS COMPENSATION EXEMPTION - EXPIRATION DATE		IF MUNSTER BOND - IS ORIGINAL INCLUDED	<input type="checkbox"/> YES
<b>ADDITIONAL REQUIREMENTS - IF APPLICABLE</b>			
ARE YOU A BACKFLOW TESTER	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PLUMBERS	INDIANA PLUMBING LICENSE #	EXPIRATION DATE	
<b>FOR OFFICE USE ONLY</b>			
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\*\*\***

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 consist 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/](http://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](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 contractors responsibility to provide the required updates.**