General Information
Ordinance 78-45, Amendment 76-39 Regulation of Contractors & House Enrolled Act #1347

The following is general information requirements for licensing or registration for **ALL Contractors:**

1) **$5,000. Bond** that **must be** recorded with their **official stamp** at the
    LAKE COUNTY GOVT. CENTER (Recorder's Office)
    2293 North Main Street
    Crown Point IN  46307
    Phone (219) 755-3730

is required by Lake County and the Town of Merrillville. Acceptable wording for this bond is
BOARD OF COMMISSIONER OF LAKE COUNTY, STATE OF INDIANA AND ALL CITIES,
TOWNS, OR MUNICIPALITIES IN LAKE COUNTY, INDIANA. Call the Recorder's Office
about the fees they charge for this service and making copies.

2) **Certificate of Insurance** - in full continuing force and effect in the amounts:
   a) **Public Liability**
      "Type A" General Contractor $500,000. One Person
      $1,000,000. One Accident
      "Type B" Sub-Contractor $100,000. One Person
      $300,000. One Accident

      Electrical, Plumbing & HVAC Contractors
      same amount as "Type B" Contractor

   b) **Property Damage**
      "Type A" General Contractor $250,000.
      "Type B" Sub-Contractor $  50,000.
      Electrical Contractor $  50,000.
      Plumbing Contractor $  50,000.
      HVAC Contractor $  50,000.

c) **Workman's Compensation**
   As required by the State of Indiana

3) Application to be filled out and signed.

4) Total fee $100.00  ALL CONTRACTORS

**NOTE:** Expiration of License is December 31 of each year. Renewal fee payable between
January 2 and January 31 is $50.00.
Electrical Contractors must take an electrical exam.
HVAC Contractors must take a mechanical exam.
Plumbing Contractors must present a copy of Original State of Indiana License and present
year renewal card.
APPLICATION FOR CONTRACTOR’S LICENSE

PLEASE PRINT

DATE: ________________________

NAME OF COMPANY: ______________________________________________________________

ADDRESS: _______________________________________________________________________

Street                                       City                               State          Zip

PHONE:  (       ) __________________  E-MAIL ADDRESS: __________________________

FAX NO: (       )  __________________   NUMBER OF YEARS IN BUSINESS_____________

NAME OF PERSON APPLYING FOR LICENSE__________________________________________

HOME ADDRESS:  ________________________________________________________________

Street                                      City                               State          Zip

HOME PHONE: (          )______________ POSITION WITH COMPANY___________________

CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR:

GENERAL ___________   SUB-CONTRACTOR ___________

IF SUB-CONTRACTOR - LIST SPECIALITY: __________________________________________________

ARE YOU FAMILIAR WITH LOCAL ORDINANCES AND STATE LAWS?  YES ___________NO ___________

ARE YOU LICENSED IN OTHER CITIES OR TOWNS: YES ___________NO ___________

IF ANSWER IS YES, WHERE? ___________________________________________________________

________________________________________________________________________________

LIST BELOW SOME RECENT JOBS:

DATE   NAME   ADDRESS

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

_______________________________________________

Signature of Applicant