



**TOWN OF SCHERERVILLE, INDIANA**  
 10 E. Joliet Street  
 Schererville, IN 46375

## APPLICATION FOR CONTRACTOR REGISTRATION

**\*\*Only fill out application if you are a new contractor or if you have any changes to your existing license\*\***

Legal name of firm or corporation: \_\_\_\_\_

**(REQUIRED)**     Corporation                       LLC                       Co-partnership                       Individual

Trade: \_\_\_\_\_                      Number of Employees: \_\_\_\_\_

Mailing Address: \_\_\_\_\_                      City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_                      Cell: \_\_\_\_\_                      Fax: \_\_\_\_\_

**Names of Officers/Owners** (must provide at least one Driver's License Number)

President: \_\_\_\_\_                      Driver's License No. \_\_\_\_\_

Vice-President: \_\_\_\_\_                      Driver's License No. \_\_\_\_\_

**Please list three municipalities where applicant is currently registered:**

1. \_\_\_\_\_                      2. \_\_\_\_\_                      3. \_\_\_\_\_

**Signature** \_\_\_\_\_                      **Date** \_\_\_\_\_

Renewal is on an annual basis. Renewal fee is \$50 and must be received by March 1<sup>st</sup>. All new contractors will pay a registration fee of \$100. If there are any changes to the above information, please notify the Schererville Building Department at 219-322-2211, Ext 4. It is the responsibility of the contractor to provide updates when bonds and/or insurances expire during the calendar year of registration. Failure to do so within 30 days of expiration will result in the lapse of the registration and the requirement to renew at \$100.

<b><u>INSURANCE REQUIREMENTS</u></b>	<b><u>WORKER'S COMPENSATION</u></b>	<b><u>BOND REQUIREMENTS</u></b>
General Liability: \$1,000,000 Per Occurrence: \$500,000  *The Town of Schererville must be the certificate holder. *If working on Town-owned property, the Town of Schererville must be listed as additional insured.	Each Accident: \$100,000 Disease-Per Employee: \$100,000 Disease Policy Limit: \$500,000  *If no employees, The Town of Schererville requires a Clearance Certificate from the Worker's Compensation Board of Indiana.	*Bond amount: \$5,000  *The bond obligee should read "Board of Commissioners of Lake County, IN and all cities, towns and municipalities in Lake County, IN."  *The bond must be recorded at the Lake County Recorders' Office located at 2293 N. Main St., Crown Point, IN 46307. Contact 219-755-3730 for further information.

**Plumbers** must provide a copy of current Indiana State Plumbing License.  
**Electricians** must pass the Town of Schererville electrical exam. There is no fee for the test and it is open book with a two hour time limit.