



TOWN OF CEDAR LAKE

7408 Constitution Ave.

PO Box 707

Cedar Lake IN 46303

Phone (219)374-7400

Fax (219)374-8588

Dear Contractor:

The Cedar Lake Town Council passed Ordinance No.566 requiring **all** contractors to be registered to conduct business in the Town of Cedar Lake. This ordinance became effective on January 19, 1993. An Ordinance Amending Town Ordinance No.566 became effective on July 19, 2005. Ordinance No. 931. Before a Certificate of Registration is issued by the Town to any Applicant, the Town shall require valid proof of worker's compensation coverage.

If you intend to register with the Town, you must submit the following documents to us:

1. A completed application;
2. \$150.00 first time registration fee;(\$50.00 renewal)
3. Copy of recorded Lake County Bond, the recording stamp must appear on the copy you submit to us;
4. Copy of Certificate of Insurance with \$1,000,000 coverage & Workers Compensation;
5. Copy of valid Lake County License (**General Contractors only**)
(*Lake County Plan Commission number is 219-755-3700.*
Their office can assist you when applying for your county license.)
6. Two recent photographs (Size 1-1/2" x 2") or Driver's license

All items listed above **must be submitted together**. If your documents are incomplete, your application will not be accepted.

If you were licensed the previous year and need to renew, an application can be picked up at the Cedar Lake Town Hall. Renewal application will be mailed/emailed to all licensed contractors in the month of December.

If you have any questions, please call the Building Department

Sincerely,

Building Department

TOWN OF CEDAR LAKE
APPLICATION FOR CERTIFICATE OF REGISTRATION FOR
CONTRACTORS AND SUBCONTRACTORS
(New Contractors only)

Date _____

Name of Business _____

Licensee Name _____

Social Security or Federal ID # _____

Address _____

City _____ State _____ Zip _____

Nature of Business _____

Business Phone # _____ Fax # _____

Email: _____

Lake County Recorded Bond # _____ Expiration Date _____

Name of Bond Insurer _____

Lake County License Number _____

Business Owner(s) -- List names, resident addresses and telephone number of all owners.

Previous Work References/Work to be completed -- References must be residents of Cedar Lake who are not related to the applicant, or in the case of a corporation, its duly designated officers.

1. _____

Name	Address	Phone
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2. _____

Name	Address	Phone
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Signature of Applicant

Registration #	
Expiration Date	
Check #	
Receipt #	
Date Processed	