

Town of Munster Contractor's Registration Application

Town of Munster, Office of Community Development, 1005 Ridge Road, Munster, IN 46321
(219) 836-6990, Fax (219) 836-6542

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- Print Legibly or Type -

Year of Request	2018	Date	12/1/17
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BUSINESS INFORMATION		OWNER INFORMATION	
NAME:	Valley Fire Protection Systems	NAME:	Thomas Hartel
ADDRESS:	8635 Louisiana Pl	ADDRESS:	1908 Driving PK Rd
CITY, STATE, & ZIP	Merrillville IN 46410	CITY, STATE, & ZIP	Wheaton IL 60187
TELE #:	219-472-0083	TELE #:	630-761-3168
FAX #:	219-750-9428	DATE OF BIRTH:	9/5/63
Contractor Specialty or Type	Fire Protection	SEX	RACE
		<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE	White

EMAIL ADDRESS MPorter@valleyfire.com

BACKFLOW TESTER YES NO

Plumbers Only: Enclose a Copy of your Current State of Indiana Plumbing License # _____

- Note: It is the **contractor's responsibility to provide updates** when bond and or insurance expire during the calendar year of this registration. Failure to do so will result in the lapsing of your Munster registration.
- Notify the Office of Community Development of changes in the above information** during the calendar year of this registration. Your registration is valid for the calendar year only.

SIGNATURE:	<u>Thomas Hartel</u>	DATE:	12/1/17
TITLE:	Pres		

FOR OFFICE USE ONLY					
FEE \$:	75 ⁺	DATE REC'D:	12/18/17	REC'D BY:	sm
RECEIPT #:				CONTRACTOR #:	11291
				DATE ISS'D:	4/18/17
				BILL #:	

CONTRACTOR TYPE:	<input type="checkbox"/> Electrician	<input type="checkbox"/> Plumber	<input type="checkbox"/> General	<input type="checkbox"/> Subcontractor
	<input type="checkbox"/> Landscape, (ie, Landscape, snowplow, tree service)			

CERTIFICATE OF INSURANCE: EXPIRATION DATES:				7/01/18
P/L:	P/D:	W/C:	OR W/C EXEMPTION <input type="checkbox"/>	

LAKE COUNTY BOND - RECORDED: YES NO EXPIRES: 12/01/18

MUNSTER BOND - EXPIRES: _____