To Be Completed by City	
Application Date	
License #	
Approval Date	

CONTRACTOR REGISTRATION FORM

Company Name _____
Office Phone: _____ Fax: _____ Email: _____
Business Address _____
City, State, Zip _____
Corporation ( ) Sole Proprietor ( ) Partnership ( )

Principals of firm and those individuals authorized to apply for permits:
(LIST OTHER NAMES ON BACK OF THIS SHEET)

Name _____
Home Address_____
City, State, Zip_____
Phone #(s) Home: _____ Cell: _____

TYPE OF CONTRACTING WORK (Check all that apply)

( ) General Contractor ( ) Other: _____
( ) Carpentry ( ) Electrical ( ) HVAC ( ) Paving ( ) Fence ( ) In Ground Pool
( ) Roofing Illinois Roofing License _____
( ) Plumbing Illinois Plumbing License No. (058-_____)
Illinois Bond & Insurance License No. (055-_____)

INSURANCE, BOND AND LICENSING REQUIREMENTS

Please submit the following documents with your license application:

- ( ) A current Certificate of insurance to the City of Aledo in the amount of $100,000 property damage and $300,000 personal injury per occurrence. City of Aledo shall be named certificate holder
- ( ) A current worker's compensation insurance certificate (unless you have no employees and sign the affidavit below)
- ( ) A $10,000 continuous permit bond in favor of City of Aledo
- ( ) A Copy of a state license, where required (e.g. roofing and/or plumbing)

The undersigned certifies that all information in this statement, and all information furnished in support of the statement is true and complete to the best of the undersigned's knowledge and belief. The undersigned agrees as a condition of his City of Aledo contractor license that he and his agents or employees shall abide by and comply with all state laws, city ordinances and codes and shall obtain all required permits and inspections. Failure to comply with these conditions may result in revocation of the license and cancellation of all active permits. All licenses expire December 31, regardless of when they are issued.

_____ _____ _____
Signature Title Date

WORKER'S COMPENSATION AFFIDAVIT

I certify that I presently have no employees and will not hire any employee(s) to perform work in the City of Aledo during the duration of this license unless I obtain workman compensation insurance and provide proof of such insurance to the City of Aledo

_____ _____ _____
Signature Title Date