

VILLAGE OF SUMMIT
7321 WEST 59TH STREET
SUMMIT, ILLINOIS 60501-1493
708-563-4809 Fax 708-563-9340

APPLICATION FOR A CONTRACTOR LICENSE

Date Submitted: _____

By signing this application the applicant agrees that he/she will not during the conduct of said business, violate any law of the State of Illinois, County of Cook, or of the United States, or any ordinance of the Village of Summit in force and effect during all or part of the period covered by any license or registration issued pursuant to this application. **\$10,000.00 surety bond and a certificate of insurance is required showing the Village of Summit as the certificate holder. If you are an electrician, roofer or plumber we will need a copy of your state license.**

Name of Business: _____ Phone: _____ Cell. No. _____

Address: _____ City: _____ Zip: _____

Description of Business: _____

Applicant Name: _____

Drivers License # _____

Date of Birth: _____ Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

SIGNATURE: _____ (ALL APPLICATIONS MUST BE SIGNED).

For Office Use Only: Fee: \$100.00 (No fee for state licensed plumbers please include copy)

Building Department: _____

Date Approved: _____ LICENSE NUMBER: _____

ALL LICENSES WILL EXPIRE ON JUNE 30, 2027