



VILLAGE OF
SOUTH CHICAGO HEIGHTS

CONTRACTOR & SUB-CONTRACTOR
LICENSE APPLICATION

LICENSE VALID MAY 1ST THROUGH APRIL 30TH.

Please print the following information:

Name of Business: _____

Doing Business As (DBA): _____

Owner's Name: _____ Phone: _____

Address of Business: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Type of Contractor: _____

The undersigned hereby requests a license to contract for above license in the Village of South Chicago Heights and agrees to contract in accordance with the ordinances of the Village of South Chicago Heights now in force and any others that may be enacted during the duration of requested license.

Signature of Applicant _____ Date _____

APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL DOCUMENTATION REQUIRED IS RECEIVED.

INSURANCE REQUIREMENTS: ALL REQUIREMENTS LISTED BELOW MUST BE ON A CERTIFICATE OF INSURANCE.

1. Workers compensation in the statutory limits with the employer's liability in the sum of \$500,000 bodily injury per person.
2. Comprehensive general liability in the sum of \$1,000,000 bodily injury each occurrence, \$1,000,000 bodily injury aggregate, \$500,000 property damage per occurrence and \$1,000,000 property damage aggregate.
3. Notice of cancellation of the policy will be given to the Village Clerk at least 30 days before such cancellation is effective.

SURETY BOND REQUIREMENTS:

1. A surety bond of \$10,000 must be submitted with application.

APPLICATION FEE:

1. Payment of \$225.00 must be submitted with application.

FOR OFFICE USE ONLY

PAYMENT TYPE: CHECK _____ CASH _____ DEBIT/CREDIT _____

PAYMENT AMOUNT: \$ _____ RECEIPT# _____