



CONTRACTOR LICENSE APPLICATION

Business Name: _____

Business Owner: _____

Business Address: _____

Phone: _____

Email Address: _____

Signature: _____ **Date:** _____

PLEASE NOTE: CERTIFICATE OF LIABILITY INSURANCE IS REQUIRED FOR ALL CONTRACTORS

ELECTRICIANS AND ROOFERS REQUIRE A STATE LICENSE WHEN SUBMITTING APPLICATION

Annual Contractor's Licensing Fee Schedule

GENERAL CONTRACTOR: \$100

ALL OTHER CONTRACTORS: \$75

LICENSE VALID: ____/____/____ **TO:** ____/____/____

The Village of Indian Head Park
201 Acacia Drive
Indian Head Park, IL 60525
708-246-3080
www.indianheadpark-il.gov