City of Streator
204 South Bloomington Street
Streator, Illinois 61364
Phone: (815) 672-2517
Fax: (815) 672-7566

Registration #_____

Yearly Fee: $100

CONTRACTOR REGISTRATION APPLICATION

❑ Yes ❑ No Is this application for a contractor who will be doing plumbing or roofing work?
If YES complete both sections 1 and 2
If NO complete only section 1

SECTION 1–APPLICANT INFORMATION

Company Name: _____ Owner Name: _____

Federal Employee Identification # (FEIN): _____ Company Email: _____

Primary Contact Name: _____ Primary Contact Email: _____

Business Phone #: _____ Cell #: _____

Doing Business As: _____ # of Employees: _____

Address: _____ City, State, & Zip: _____

Type of Business: _____ Trade: _____

Liability Insurance Information: **A copy of your liability insurance showing the City of Streator as a CERTIFICATE HOLDER is required BEFORE a license will be issued**

Insurance Carrier: _____

Policy Number: _____

Term of Insurance: _____

Amount of General Liability Coverage: $_____

SECTION 2–ROOFING/PLUMBING INFORMATION

State of Illinois License Information Required for Roofers ONLY but if doing Commercial Plumbing, licensing is required:

State of Illinois License Number: _____

Date of License Expiration: _____

THE APPLICANT IN THIS SECTION MUST BE ABLE TO SHOW THIS PERMIT
TO AN INSPECTOR OR THE ISSUED REGISTRATION AND PERMIT CERTIFICATE

PAID STAMP

----------**FOR OFFICE USE**----------

❑ Yes ❑ No Roofing/Plumbing License verified on **www.idfpr.com** by: _____

Contractor Registration Approved By: _____ Title: _____ Date: _____