

Registration Number: \_\_\_\_\_

# CITY OF CREST HILL CONTRACTOR'S LICENSE APPLICATION

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS (NO P.O. BOX):** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**CELL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CONTACT(S):** \_\_\_\_\_

I/We are a general contractor?    Yes        No  
 I/We are a sub-contractor?        Yes        No  
 I/We have employees?                Yes        No

TYPE OF TRADE: \_\_\_\_\_

Contractor license fee is \$100.00. All licenses will expire on December 31 of the calendar year.  
 If you are an electrical, plumbing or roofing contractor or subcontractor you must also submit a copy of your license.  
 Insurance certificate must show the City of Crest Hill as the certificate holder.

**Proof of insurance in the following amounts must be received to comply with this ordinance:**

- |   |   |
|---|---|
| <b>1. Bodily Injury Liability:</b>                | <b>\$1,000,000.00</b>                       |
| <b>2. Property Damage Liability:</b>              | <b>\$500,000.00</b>                         |
| <b>3. Workman's Compensation:</b>                 | <b>as required by the State of Illinois</b> |
| <b>4. Business Auto Bodily Injury Liability</b>   | <b>\$300,000.00</b>                         |
| <b>5. Business Auto Property Damage Liability</b> | <b>\$100,000.00</b>                         |

SSN or Federal I.D. number: \_\_\_\_\_

I/We are familiar with all of the pertinent City of Crest Hill ordinances, codes and regulations including building codes applicable to my/our business, and I/we agree to fully comply with the same.

\_\_\_\_\_  
 (Signature of Applicant)

Please send the completed application with the fee and insurance certificate to:

Attn: Building Department	Phone: 815-741-5106
City of Crest Hill	Fax: 815-741-5116
1610 Plainfield Rd.	
Crest Hill, IL 60403	