

Registration Number: _____

CITY OF CREST HILL CONTRACTOR'S REGISTRATION APPLICATION

BUSINESS NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
CELL: _____
CONTACT NAME: _____

I/We are primarily a: Contractor Subcontractor

If you are located in the City do you
 want to be included on the "Keep it
 Local" flyer? Yes No

TYPE OF TRADE: _____

Contractor registration fee is \$100.00. All registrations will expire on December 31 of the calendar year.
 If you are an electrical, fire suppression, plumbing or roofing contractor or subcontractor you must also submit a copy
 of your professional 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:

Bodily Injury Liability:	\$1,000,000.00
Property Damage Liability:	\$500,000.00
Worker's Compensation:	As required by the State of Illinois
Business Auto Bodily Injury Liability:	\$300,000.00
Business Auto Property Damage Liability:	\$100,000.00

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(s) to:

1610 Plainfield Rd. Phone: 815-741-5106
 Crest Hill, IL 60403 Fax: 815-741-5116