



FOR OFFICE USE ONLY
Registration # _____

Building Department
815-741-5106
Fax 815-741-5116

20600 City Center Blvd.
Crest Hill, IL 60403
www.cityofcresthill.com

CONTRACTOR'S REGISTRATION APPLICATION

Business Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell: _____

Fax: _____

Email: _____

Type of Trade: _____

SSN or Federal I.D. number: _____

Contractor registration fee is \$100.00. All registrations will expire on December 31st 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

If your business is located in the city, do you want to be included on the "Keep It Local" flyer? (Circle one):

Yes No

I/We are familiar with all 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: _____