

Phone  
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815/467/3599

**VILLAGE OF MINOOKA**  
**121 E. McEVILLY**  
**MINOOKA, ILLINOIS 60447**

**CONTRACTOR'S REGISTRATION APPLICATION**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

General Contractor (if applicable) \_\_\_\_\_

Job Site \_\_\_\_\_

**REQUIREMENTS & FEES**

General Contractor \$100.00       Contractors & Subcontractors (*per trade*) \$50.00

**ALL GENERAL CONTRACTORS MUST SUBMIT:**

- 1) A signed original \$10,000.00 Surety Bond.
- 2) Certificate of Insurance w/General Liability of \$500,000/Auto \$500.000/Workers Comp \$500.000

**All Sub Contractors Must Submit: Exception Plumbers and Roofers**

- 1) A signed original \$5000.00 Surety Bond.
- 2) Certificate of Insurance w/General Liability of \$500.000/Auto \$500.000/Workers Comp \$500.000

		Expiration
Trade 1: _____	Surety Bond	_____
Trade 2: _____	Certificate of Insurance	_____
Trade 3: _____	State of Illinois Roofing License	_____
_____	State of Illinois Plumbing License	_____

I HEREBY DECLARE THAT ALL OF THE ABOVE INFORMATION GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE TO COMPLY WITH ALL VILLAGE AND STATE CODES, ORDINANCES AND LAWS NOW IN FORCE AND ANY OTHERS THAT MAY BE ENACTED DURING THE DURATION OF REQUESTED LICENSE. I FURTHER UNDERSTAND THAT DURING THIS LICENSING PERIOD, SHOULD ANY OF THE REQUIRED INSURANCE/LICENSING DOCUMENTS EXPIRE, THIS LICENSE BECOMES NULL AND VOID.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Fees Rec: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash/Check: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING OFFICIAL**

Registration No: \_\_\_\_\_ Expires: \_\_\_\_\_