



CITY OF MACOMB, ILLINOIS

Contractor Registration Application

Business Name: _____

Owner's Name: _____

Business Address: _____
(Street) (City & State) (Zip)

Office Phone #: _____ Cell #: _____ Fax #: _____

Email Address: _____

Insurance Requirements:

Certificate of Liability Insurance to the City of Macomb Office of Building & Zoning as follows:
(\$50,000 property damage, \$100,000 personal injury to one person, and \$300,000 personal injury to more than one person, or, in lieu thereof, bodily injury and property damage combined, \$300,000 each occurrence, \$300,000 aggregate)

Certificate of Workers Compensation Insurance to the City of Macomb Office of Building & Zoning or Certificate of Approval as self-insurer issued by the Illinois Industrial Commission.

If applicant does not have employees, check and sign statement below.

I certify that I presently have no employee(s) and will not hire any employee(s) to perform work in the City of Macomb unless I obtain workers compensation insurance.

Business Owner's Signature

Registration Categories: (mark the appropriate categories)

General Building: \$25.00/yr

(Please Note: Roofing contractors must submit a copy of their Illinois Roofing License in order to obtain permits for roofing work.)

Electrical: \$25.00/yr *(Fee waived if a copy of current electric license from any other Illinois city is submitted)*

Plumbing: No Fee – Current Illinois State Plumbing Contractor's License required *(copy to be submitted)*

Mechanical (Heating & Cooling): \$25.00/yr

Tree Trimming: \$25.00/yr

PLEASE NOTE: The Building & Zoning Office sends courtesy renewal reminders as time permits. However, it is the contractor's responsibility to keep their registration current.

The undersigned certifies that all information provided for this application is true and complete. Failure to comply with the conditions of this registration will result in revocation of the registration.

Printed Name of Business Owner

Signature of Business Owner

Date

**Make check for registration payable to the City of Macomb
Return to: Office of Building & Zoning
P.O. Box 377
Macomb, IL 61455**