



APPLICATION FOR  
CONTRACTOR REGISTRATION

Fee: \$25/year\*  
\*Fees vary depending on category selected

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 checks for registration payable to the City of Macomb**  
**Return to: Office of Building & Zoning, P.O. Box 377, Macomb, IL 61455 or zoning@cityofmacomb.com**  
**Please call the Community Development Office with any questions: (309) 833-4944.**