

APPLICATION FOR CONTRACTOR REGISTRATION

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

Business Name:			
Owner's:			
Business Address:			
Office Phone #:	Cell #:	Fax #:	
Email Address:			
Insurance Requirements:			
Certificate of Liability Insurance (\$50,000 property damage, \$1 more than one person, or, in li occurrence, \$300,000 aggregate Certificate of Workers Competer Certificate of Approval as self-	00,000 personal injueu thereof, bodily injute) ate) nsation Insurance	ury to one person, and \$300,00 ury and property damage com the City of Macomb Office of	00 personal injury to bined, \$300,000 each Building & Zoning or
If applicant does not have em	ployees, check and s	sign statement below.	
□ I certify that I presently have Macomb unless I obtain wor		ill not hire any employee(s) to per rance	form work in the City of
Business Owner's Signature			
Registration Categories: (mark	k the appropriate cate	gories)	
☐ General Building: \$25.00/y (Please Note: Roofing contractor obtain permits for roofing work.)		of their Illinois Roofing License in	n order to
☐ Electrical: \$25.00/yr (Fee wa	aived if a copy of current	electric license from any other Illinoi	s city is submitted)
☐ Plumbing: No Fee – Currer <i>submitted</i>)	nt Illinois State Plum	bing Contractor's License requ	iired (<i>copy to be</i>
☐ Mechanical (Heating & Coc	ling): \$25.00/yr		
☐Tree Trimming: \$25.00/yr			
		ends courtesy renewal remind asibility to keep their registration	
The undersigned certifies that to comply with the conditions			
Printed Name of Busines:	S Owner	Signature of Business Owner	 Date