



Application for Contractor Registration

Business Name & Owner Name: _____
Business Address: _____
Office Phone Number & Cell Number: _____
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

Registration Categories: (mark the appropriate categories)

- General Building: \$25.00/yr (Contractors must submit a copy of their Illinois Roofing License 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: It is the contractor's responsibility to keep their registration current and to comply with all City Standards. Copies are available upon request. Registration must be completed annually.

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