Registration # _____

CITY OF LELAND GROVE

CONTRACTOR REGISTRATION

Year Submitting payment for: _____

The following MUST be provided for registration:

____ **Completed Registration Form** (per company)

____ **Fee:** $50.00 Valid until December 31st of the year issued.

____ **Certificate Of Insurance:** You must provide a current certificate of liability insurance, auto insurance and workers compensation insurance. Signed worker's compensation waiver if no employees. (available in our office or online)

____ **Applicable Licenses:** Copy of State of Illinois License for registrants applying for Plumbing and Roofing.

Company Name: _____

Type of Business/Contractor:

☐ Building ☐ Concrete ☐ Drywall ☐ Electric ☐ Excavating ☐ Roofing

☐ HVAC ☐ Landscaping ☐ Masonry ☐ Plumbing ☐ Painting ☐ Paving

☐ Stucco ☐ Insulation ☐ Other _____

Mailing Address: _____

City/State/Zip: _____

Phone No. _____ Fax No. _____ Cell No: _____

Email Address: **PLEASE PRINT CLEARLY**

Contact Name (PRINT): _____

Owner/CEO Name (PRINT): _____

ALL CONTRACTOR REGISTRATIONS EXPIRE DECEMBER 31ST OF THE YEAR ISSUED AND MUST BE RENEWED IN ORDER TO CONTINUE TO DO WORK IN THE CITY OF LELAND GROVE.

The undersigned agrees to comply with all applicable building codes and the codified ordinances of the City of Leland Grove. Any registration may be revoked. See Codified Ordinance 8-1-3 C PENALTY, INVALADATION OF CONTRACTOR REGISTRATION.

Signature: _____ Date: _____

ALL VEHICLES MUST BE PARKED IN THE DRIVEWAY OF THE PROJECT OR, ON THE SOUTH OR EAST SIDE OF THE STREET OF THE PROJECT.

For Office Use Only

Payment Method: _____
Amount Received: _____
Date: _____
Payment Received By: _____