

VILLAGE OF EVERGREEN PARK - BUILDING DEPARTMENT

9418 S. KEDZIE AVENUE - EVERGREEN PARK, IL 60805

PHONE: (708) 229-3335

FAX: (708) 229-3336

APPLICATION FOR CONTRACTORS LICENSE

| | | | | | |
|-------------------------------------------------------------------|--|-------|-------------------------------|-----------|------|
| Company Name: | | | Date: | | |
| Address: | | City: | | State: | Zip: |
| Business Phone: () - - | | | Business Fax: () - - | | |
| Contact Person/Owner: | | | | Phone(s): | |
| Address: | | City: | | State: | Zip: |
| Type of Contractors License Requested: | | | | | |
| List other Municipalities in which you have a current License: 1. | | | | | |
| 2. | | | | | |
| Electrical Registration: | | | Expiration Date: | | |
| Sewer/Drain Layers License: | | | Expiration Date: | | |
| Plumbers State License/Certificate Number: | | | Expiration Date: | | |
| Roofers State License/Certificate Number: | | | Expiration Date: | | |

| | | | |
|------------------------------------------------|--|---------------------|----------------------------|
| Certificate of Insurance Required: Yes [] | | Date of Expiration: | |
| Surety Bond Required: | | Yes [] No [] | Bond Amount: \$ 000.00 |
| Surety Bond Number: | | Date of Expiration: | |

I understand the issuance of a license is based on the information I have supplied on this application and also is conditioned on compliance with all Village Ordinances and is subject to revocation if any information is found to be false or if I am found to be in violation of a Village Ordinance.

Signature of Owner or Agent _____ Date _____

| | | | |
|-----------------------------------------------------|--|---------------------|-------|
| <i>OFFICE USE ONLY</i> | | | |
| Type of Application: New [] Renewal [] | | Contractors Number: | |
| License Fee: | | Date of Expiration: | |
| Approved By: | | | Date: |

| | |
|------------------------|---|
| Date Payment Received: | |
| | 1 |