

VILLAGE OF WILLOW SPRINGS

OFFICE OF THE PRESIDENT AND BOARD OF TRUSTEES
ONE VILLAGE CIRCLE
WILLOW SPRINGS, IL. 60480

Phone: 708-467-3700

Fax: 708-467-3712

~ APPLICATION FOR CONTRACTOR'S REGISTRATION ~

ALL QUESTIONS MUST BE ANSWERED PRIOR TO ACCEPTANCE

Fee: \$100.00 FOR UNLIMITED YEARLY JOBS

Date Paid _____ Ck # _____

The undersigned hereby makes application for the issuance of a contractor's registration for the term ending December 31, 2010, and hereby certifies to the following facts:

- 1. Applicant's full name: _____
 - 2. Applicant business telephone: _____ Home telephone: _____
 - 3. Name under which business is conducted: _____
 - 4. State principal kind of business:** _____
 - 5. Applicant's business address: _____
 - 6. Job address: _____
 - 7. Subdivision name: _____
 - 8. Name of manager or supervisor: _____
- Address: _____ Telephone number: _____

I swear that I will not violate any of the Ordinances of the Village of Willow Springs or the laws of the State of Illinois or laws of the United States of America, in the conduct of the place of business described herein and that the statements in the application are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

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ALL CONTRACTORS AND SUB-CONTRACTORS MUST BE REGISTERED THROUGH THE VILLAGE.

ALL CONTRACTORS MUST SUBMIT W/COMPLETED APPLICATION:

- 1. AN ORIGINAL SIGNED \$10,000 BOND AND
- 2. CERTIFICATE OF INSURANCE.
(w/ the Village of Willow Springs listed as "Certificate Holder")

**ELECTRICAL CONTRACTORS must also submit a copy of a current electrical license from any community.

**PLUMBING CONTRACTORS submitting a current Dept. of Public Health Certificate need only to complete this Registration Form.

CERT EXP: _____

BOND EXP: _____