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708.444.4818

CITY OF OAK FOREST
15440 SOUTH CENTRAL AVENUE
OAK FOREST, ILLINOIS 60452

Fax
708.687.1179

CONTRACTOR'S REGISTRATION APPLICATION

Name of Business: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Owner's Name: _____ Phone/Cell: _____

Phone: _____ Fax: _____ Email: _____

General Contractor (if applicable)

Job Site

REQUIREMENTS & FEES

General Contractor \$350.00 Contractors & Subcontractors (*per trade*) \$100.00

ALL CONTRACTORS MUST SUBMIT:

- 1) A signed original \$10,000.00 License & Permit Bond.
- 2) Certificate of Insurance w/Minimum Liability of \$500,000/\$1,000,000 or \$1,000,000 CSL.
Certificate must also include Workers Compensation w/statutory limits.

ROOFERS must submit a copy of their state license.

ELECTRICIANS must supply a copy of an electrician's license from a community that requires a written test based on the Chicago or National Electrical Code.

PLUMBERS submitting a Dept. of Public Health Cert. (055 License) are exempt from fees & bond submittal.

Trade 1: _____

License & Permit Bond Exp: _____

Trade 2: _____

Certificate of Ins. Expiration: _____

Trade 3: _____

Workers Compensation Exp: _____

STATE: Plumb/Roof/Elec/Lead Exp: _____

I HEREBY DECLARE THAT ALL OF THE ABOVE INFORMATION GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE TO COMPLY WITH ALL CITY AND STATE CODES, ORDINANCES AND LAWS NOW IN FORCE AND ANY OTHERS THAT MAY BE ENACTED DURING THE DURATION OF REQUESTED LICENSE. I FURTHER UNDERSTAND THAT DURING THIS LICENSING PERIOD, SHOULD ANY OF THE REQUIRED INSURANCE/LICENSING DOCUMENTS EXPIRE, THIS LICENSE BECOMES NULL AND VOID.

Authorized Signature: _____ Date: _____

OFFICE USE ONLY

Fees Rec: _____ Date: _____ Cash/Check: _____

Approved: _____
BUILDING OFFICIAL

Registration No: _____ Expires: _____