



CONTRACTOR LICENSE APPLICATION

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Cell: _____ **Email:** _____

Business Owner(s) Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Type Of Contractor

- | | |
|---|---|
| <input type="checkbox"/> Carpentry/Siding | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Paving (Asphalt only) |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Razing/Moving |
| <input type="checkbox"/> HVAC/Refrigeration | <input type="checkbox"/> Roofing (IL State Roofing Lic. required) |
| <input type="checkbox"/> House Raising/Shoring | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Landscape Construction | |

Applicant: _____ **Signature:** _____

(Print Name)

OFFICE USE ONLY

Total Fee: \$ _____

License No: _____

\$50 per trade (May 1 – April 30)

\$25 per trade (November 1 – April 30)

Expiration Date: _____