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

**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 Comp: \_\_\_\_\_

\_\_\_\_\_ State/Supervisory(Plumb/Roof/Elec) 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: \_\_\_\_\_

Fees Rec'd: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash/Check: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

BUILDING OFFICIAL

Registration No: \_\_\_\_\_ Expires: \_\_\_\_\_