

All Required Documents and Fees Must be Submitted with this Application

Partial Applications will not be accepted

FOR OFFICE USE ONLY:

APPLICATION CHECKLIST

Completed Application _____
 Proof of Insurance _____
 \$10,000 Surety Bond _____
 Copy of State License _____

TOTAL FEES:

May 1- Apr. 30 \$100.00

Nov 1 -Apr 30 \$70

(Double if work has begun)

Date Fees Paid _____

Approved By: _____

Date: _____

**CITY OF OGLESBY
 CONTRACTOR LICENSE
 5/1/25 - 4/30/26**

LICENSE #: _____

DATE ISSUED: _____

Application Date: _____

Business Name: _____

Business Owners Name _____

Address: _____

City/State/Zip: _____

Phone: _____

Business

Mobile

Email: _____

BUSINESS TYPE/TRADES

- | | |
|---|--|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Porch & Deck |
| <input type="checkbox"/> Cement/Concrete | <input type="checkbox"/> Sewer/Drainage |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Gutter/Windows |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Asphalt/Blacktop |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Tree Removal/Trimming |
| <input type="checkbox"/> Drywall/Plaster | <input type="checkbox"/> Water/Damp-proofing |
| <input type="checkbox"/> Excavating | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Waste Receptables |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Other |

If you are registering as a plumber or roofer who is **ONLY** doing roofing work, you must provide a copy of your state license. EXPIRATION DATE _____

Signed Original \$10,000 Surety Bond
 EXPIRATION DATE _____

MINIMUM INSURANCE REQUIREMENTS

- Bodily injury Liability - \$500,000
- Property Damage Liability -- \$500,000
- Business Auto -- \$300,000
- Worker's Comp as required by state commission

Have you ever been convicted of a criminal offense or ordinance violation (other than traffic or parking) in any jurisdiction? _____ If yes, list the offense, date of conviction and place where convicted

I hereby agree to operate under the above-described license in accordance with all regulations and conditions imposed by the laws of the State of Illinois and the laws and ordinances of the City of Oglesby. I understand that any false statements could result in the revocation or denial of license.

Signature of Applicant

Date