

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
5/1/26 - 4/30/27**

OFFICE USE ONLY

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