

CONTRACTOR'S REGISTRATION  
CITY OF OLNEY  
300 S. Whittle Ave. – Olney, Illinois 62450  
618-395-7302 / Fax 618-395-7304

Anyone engaged in the business of building contractor in the City of Olney must be registered with the City Clerk. Any person doing business as a subcontractor will be construed as engaged in the business of building contractor and is required to be registered.

INDIVIDUAL CONTRACTOR

NAME \_\_\_\_\_ RESIDENCE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DRIVER'S LIC # \_\_\_\_\_ PHONE # \_\_\_\_\_  
CELL # \_\_\_\_\_ FAX # \_\_\_\_\_

PARTNER OR VENTURE CONTRACTORS

BUSINESS NAME \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
FEIN # \_\_\_\_\_ PHONE # \_\_\_\_\_  
NAME OF PARTNERS \_\_\_\_\_  
ADDRESS OF PARTNERS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PARTNER'S DRIVERS LICENSE #'S \_\_\_\_\_  
NAME OF PARTNERS \_\_\_\_\_  
ADDRESS OF PARTNERS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PARTNER'S DRIVERS LICENSE #'S \_\_\_\_\_  
FAX # \_\_\_\_\_

If Additional Room is Needed Attach a Separate Page

CORPORATION

BUSINESS NAME \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
FEIN # \_\_\_\_\_ PHONE # \_\_\_\_\_  
NAME OF PRES. \_\_\_\_\_ NAME OF SEC. \_\_\_\_\_  
FAX # \_\_\_\_\_ CELL # \_\_\_\_\_

(continued on reverse side of form)

TYPE OF WORK BEING CONTRACTED

Please Check All Applicable Work Being Contracted and  
List All Applicable License Numbers

Plumber	_____	License #	_____
Rofer	_____	License #	_____
Siding	_____	Concrete	_____
Windows	_____	Masonry	_____
Heating & A/C	_____	Insulator	_____
Carpenter	_____	Drywall	_____
General Contractor	_____	Painter	_____
Electrician	_____	Demolition	_____
Other	_____		

INSURANCE

No person shall be registered with the City Clerk as a building contractor unless a certificate or other proof is filed showing that the contractor carries worker's compensation insurance and public liability insurance with limits of at least \$50,000 for each person and \$100,000 for each accident on bodily injury liability and \$25,000 on property damage liability. If an applicant is a sole proprietorship or partnership and the applicant has no employees, the applicant shall not be required to provide proof of Workers' Compensation Insurance or Illinois Unemployment Insurance.

Name of Insurance Company \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

**Please Attach a Certificate of Insurance**

I have answered the above correctly to the best of my ability and understand I am required to comply with all ordinances relating to the buildings or other structures, to the construction of streets, or sidewalk pavements, and all laws or ordinances pertaining to or regulating the activities engaged in.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Fee \$25.00

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Registration # \_\_\_\_\_