

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 # _____ CELL # _____

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 # _____
Roofer _____	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 # _____