

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.

Check (X) type of entity:

\_\_\_\_\_ Individual Contractor      \_\_\_\_\_ Partnership or Venture Contractors      \_\_\_\_\_ Corporation

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Owner Name(s) or Contact Person: \_\_\_\_\_

Owner Name(s) or Contact Person Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

FEIN: \_\_\_\_\_ DL #: \_\_\_\_\_

TYPE OF WORK BEING CONTRACTED

Please Check (X) All Applicable Work Being Contracted and List All Applicable License Numbers

Plumbing License # \_\_\_\_\_

Roofing License # (**attach copy of license**) \_\_\_\_\_

\_\_\_\_\_ Siding                      \_\_\_\_\_ Carpenter                      \_\_\_\_\_ Concrete                      \_\_\_\_\_ Drywall

\_\_\_\_\_ Windows                      \_\_\_\_\_ General Contractor                      \_\_\_\_\_ Masonry                      \_\_\_\_\_ Painter

\_\_\_\_\_ Heating & A/C                      \_\_\_\_\_ Electrician                      \_\_\_\_\_ Insulator                      \_\_\_\_\_ Demolition

Other (please list) \_\_\_\_\_

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**

(continue on reverse side of form)

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 # \_\_\_\_\_

Revised 11/09/2020