

CONTRACTOR'S REGISTRATION



Anyone engaged in the business as a building contractor or sub-contractor in the City of Mount Carmel Illinois must be registered with the City Clerk. The registration fee is \$25. The City of Mount Carmel must be a certificate holder on your insurance policy. A copy of which is required at time of registration. Fax number is 618-262-4208

TYPE OF WORK BEING CONTRACTED

(PLEASE CHECK ALL APPLICABLE WORK BEING CONTRACTED)

Roofer _____ Illinois Roofing License # _____

Carpenter _____ Concrete _____ Demolition _____ Drywall _____ Electrician _____ Excavation _____

General Contractor _____ Heating & A/C _____ Insulator _____ Masonry _____ Painter _____

Sub-Contractor _____ Solar Energy _____ Other _____

INSURANCE

NO PERSON SHALL BE REGISTERED WITH THE CITY CLERK AS A BUILDING CONTRACTOR UNLESS A CERTIFICATE OR PROOF IS FILED SHOWING THAT THE CONTRACTOR CARRIES WORKER'S COMPENSATION INSURANCE AND PUBLIC LIABILITY INSURANCE 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'S COMPENSATION INSURANCE OR ILLINOIS UNEMPLOYMENT INSURANCE. THE CITY OF MOUNT CARMEL MUST BE SHOWIN AS A PERSON OF INTEREST ON YOUR INSURANCE.

Insurance Company Name _____

Agent Name _____

Address of Insurance Company _____

Phone Number of Insurance Company _____

PLEASE ATTACHED 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 and all state laws. I also understand it is my responsibility to obtain all building permits.

Signature and title

CONTRACTOR'S REGISTRATION



INDIVIDUAL CONTRACTOR

Name _____ Residence Address _____
City _____ State _____ Zip _____
Business Name _____ Business Address _____
City _____ State _____ Zip _____
E-mail Address _____ Phone _____
Cell _____ Driver's License # _____

PARTNER/ VENTURE CONTRACTORS

Business Name _____ Business Address _____
City _____ State _____ Zip _____
FEIN # _____ Phone # _____ E-mail _____
Name of Partners _____
Address of Partners _____ City _____
State _____ Zip _____

CORPORATION

Business Name _____ Business Address _____ City _____
State _____ Zip _____ FEIN # _____ Phone # _____
NAME OF PRES. _____
NAME OF SEC. _____
FAX# _____ CELL # _____
E-MAIL _____