

CONTRACTOR'S REGISTRATION
CITY OF MOUNT CARMEL
219 N. Market Street – Mount Carmel, Illinois 62863
618-262-4822 / Fax 618-262-4208

Anyone engaged in the business as a building contractor or subcontractor in the City of Mount Carmel Illinois must be registered with the City Clerk is require to be registered and pay the \$25 registration fee.

TYPE OF WORK BEING CONTRACTED

Please Check All Applicable Work Being Contracted

Plumber _____ Illinois License # _____
Roofer _____ Illinois License # _____
Siding _____ Concrete _____ Windows _____ Masonry _____ Heating & A/C _____ Insulator _____
Carpenter _____ Drywall _____ General Contractor _____ Painter _____ Electrician _____
Demolition _____ Subcontractor _____ Solar Energy _____ 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. The City of Mt. Carmel must be shown as a person of interest on your insurance.

Name of Insurance Company _____

Name of Agent _____

Address of Insurance Company _____

Phone No. _____

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. I also understand it is my responsibility to obtain all building permits.

Signature and Title

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 _____
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 # _____