



**BUILDING DEPARTMENT**

3355 Belvidere Rd  
Park City, IL 60085  
Phone: 847-623-5030  
Fax: 847-662-0119

**CONTRATOR REGISTRATION APPLICATION  
YEARLY APPLICATION FEE \$75.00**

TYPE OF BUSINESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \ STATE \ ZIP \_\_\_\_\_

TELEPHONE# \_\_\_\_\_

FAX# \_\_\_\_\_

NUMBER OF EMPLOYESS \_\_\_\_\_

ILLINOIS (SALES TAX) IDENTIFICATION NUMBER \_\_\_\_\_

CERTIFICATION OF INSURANCE POLICY NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

STATE LICENSE NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

DESCRIBE THE TYPE OF BUSINESS YOU WILL BE OPERATING IN THE CITY OF PARK CITY  
INCLUDE TYPES OR SERVICES AND OR MERCHANDISE SOLD.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \ STATE \ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

CONTRACTOR SHALL HAVE ON FILE A CERTIFICATE OF INSURANCE LISTING  
THE CITY OF PARK CITY AS ADDITIONAL INSURED  
MINIMUM PUBLIC GENERAL LIABILITY INSURANCE LIMITS ARE \$1,000,000  
(EACH ACCURANCE) \$2,000,000 (GENERAL AGGREGATE)  
AND \$500, 000 COVERING WORKERS COMP.  
SURETY BOND (**EXCLUDES PLUMBERS**) IN THE AMOUNT OF \$10,000 REQUIRED  
MADE OUT TO CITY OF PARK CITY

**ROOFER NEED COPY OF ROOFER LICENSE, ELECTRITIAN NEED COPY OF ELECTRICAL LICENSE**

SIGNATURE OF APPLICANT (OWNER) \_\_\_\_\_