



SUB-CONTRACTOR LICENSE APPLICATION

Community Development Department · 1050 W. Romeo Road ·	Romeoville, IL 60446 · Tel. (815) 886-7200 · Fax. (815) 886-2724
Business Name:		
Mailing Address (no P.O. Box):		
City, State, Zip Code	Phone #	Fax #
Contact Name:	Cell#	
Type of Contractor:	Email Address:	
General Contractor Name that you are working with on the job	Phone#	
PLEASE NOTE: ALL CONTRACTORS WORKING A CURRENT VILLAGE LICENSE. THE VILLAGE OF ROMEOVILLE WILLIAGE WILLIA		FAX COPIES OF THE
REQUIREMENTS (ORIGINALS ONLY)	KUMENTATION	:
Please mail all requirements together (INCOMPLETE A	PPLICA <u>TION WILL B</u>	E SENT BA <u>CK):</u>
• APPLICATION FEE: \$75.00/12 month license • LICENSE AND PERMIT BOND: \$10,000.00 • CERTIFICATE OF INSURANCE: Workman's Compensation Ins: \$100,000.00 each accident \$1,000,000.00 \$500,000.00 policy limit \$2,000,000.00 \$100,000.00 each employee • COPY OF LICENSE: State Roofer's License Electrical License OSFM Sprinkler License Village of Romeoville to be named as additional insured not be cancelled by the insurer with at least ten (10) dissuch insurance will cause automatic revocation of the permitted such insurance will cause automatic revocation of the permitted such insurance will cause automatic revocation of the permitted such insurance will cause automatic revocation of the permitted such insurance will cause automatic revocation of the permitted such insurance will cause automatic revocation of the permitted such insurance will cause automatic revocation of the permitted such insurance will cause automatic revocation of the permitted such insurance will cause automatic revocation of the permitted such insurance will cause automatic revocation of the permitted such insurance will cause automatic revocation of the permitted such insurance will cause automatic revocation of the permitted such insurance will cause automatic revocation of the permitted such insurance will such insurance will cause automatic revocation of the permitted such insurance will be such insurance will cause automatic revocation of the permitted such insurance will be	O per occurrence O per occurrence Please sign here i d. Certificate must bear	•
Applicant's Signature	Office use Only	
••	Date of Issued:	
Date of Application	Expiration Date:	-