

Village of Dwight
209 S Prairie Ave.
Dwight, Il. 60420
(phone) 815-584-3077 (fax) 815-584-2680

APPLICATION FOR CONTRACTOR REGISTRATION

Date Applied: _____ Present Registration No. _____
(For Renewal Purposes)

BUSINESS INFORMATION:

Name of Business: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ Fax: _____ Cell: _____
Business Type: _____

OWNER INFORMATION:

Owner's Name: _____ Phone No. _____
Owner's Address: _____
City: _____ State: _____ Zip Code: _____

STATE LICENSE NUMBERS (IF APPLICABLE):

Plumber's License Number: _____ Exp. Date: _____
(If applicable, copy of license)
Roofer's License Number: _____ Exp. Date: _____

LIABLILITY INSURANCE:

Insurance Company: _____
Policy No. _____ Exp. Date: _____

NOTE: Failure to comply with this Ordinance or any misrepresentation or classification of this application may result in penalties as described by Code.

Signature of Applicant: _____

SUBMIT THE FOLLOWING:

1. Certificate of Insurance
2. Proof of Workers Compensation Insurance
3. Completed Application Form
4. Contractor's Fee - \$100.00

-----**FOR OFFICE USE ONLY**-----

Registration No: _____ Date Issued: _____
Issued By: _____ Authorized by: _____
Village Clerk Building Inspector