Application for Contractor Registration

Renewal: [] Yes [] No	Current Registration Nu	ımber:	
Business Name:			
City:		State:	Zip:
Phone:	e-mail:		
Business Type:			
Owner Name:			
			Zip:
Phone:			
 attached, with address of the per Illinois State Law, Per Illinoi	Plumber <u>must</u> submit notarized	misrepresentation or of	classification of this
Submit the following:			
 Original Certificate of Original Proof of Wor 	n form with \$150 Registratio Insurance, General Liability kers Compensation Insurand in the amount of \$10,000.	- \$500,000 each occurr	
Applicant Signature:		Date:	