## **CONTRACTOR REGISTRATION FORM**



Village of Willow Springs ONE VILLAGE CIRCLE WILLOW SPRINGS, IL. 60480 708-467-3700 | FAX 708-467-3710 vowsbuild@gmail.com

Year of Request:	Date:
Contractor Ty	rpe:
Asphalt Electrical Fencing	Food Truck General Landscaping
Machinery Masonry Plumbing	Roofing Other
CONTRACTOR INFORMATION	
Business Name:	Phone:
Address:	City, State, Zip:
Business Owner Name:	Phone:
Address:	City, State, Zip:
Email Address:	
I agree to abide by all codes and ordinances of the Village o all inspections as required and prior to covering work.	f Willow Springs as a condition of my license. I agree to call for
Signature:	Date:
ALL CONTRACTORS MUST SUBMIT THE FOLLOW	/ING ITEMS WITH A COMPLETED APPLICATION
<ol> <li>Proof of Workman's Compensation Insuration.</li> <li>\$100.00 Fee – (All licenses expire Decemed Plumbers and Irrigation Contractors (No Insuration Plumbers Only: Copy of your current State of A Letter of Intent on the contractor's letterhed Roofers Only: Copy of your State of Illinois Record Trucks- Health Inspection Certificate presented.</li> </ol>	ber 31st.) Fee Required) f Illinois Plumbing License #ad is required with all plumbing permits. oofing License #

Contractor #\_\_\_\_\_

to do so will result in the lapsing of your license.