

**CONTRACTOR LICENSE APPLICATION
VILLAGE OF RIVER FOREST
400 PARK AVENUE
RIVER FOREST, IL 60305**

Project _____
Address(es): _____

Contractor Type: Concrete Roofer
 Electrical Carpenter HVAC
 Landscaping Masonry Fence
 Snow removal Other _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone #: _____ 24-hour emergency telephone #: _____

Do you have liability insurance coverage? YES _____ NO _____

Name of Insurance Provider: _____

Address of Insurance provider: _____

Insurance Policy Number: _____

Do you have workers compensation coverage? YES _____ NO _____

Name of Insurance Provider: _____

Address of Insurance provider: _____

Insurance Policy Number: _____

THE FOLLOWING MUST ACCOMPANY THIS COMPLETED APPLICATION:

- 1. CERTIFICATE OF INSURANCE (see back page for more information)**
- 2. ORIGINAL SURETY BOND (see back page for more information)**
- 3. \$100.00 LICENSE FEE**

INCOMPLETE OR FAXED APPLICATIONS WILL NOT BE ACCEPTED

OFFICE USE ONLY

LICENSE # _____

LICENSE FEE \$100.00

DATE PAID _____

LICENSE EXP DATE _____

BOND EXP DATE _____

CERTIFICATE OF INSURANCE

SUBMIT CERTIFICATE OF INSURANCE WITH THIS APPLICATION

LIABILITY COVERAGE LIMITS: **\$1 MILLION PER OCCURRENCE**
GENERAL LIABILITY

\$2 MILLION
GENERAL AGGREGATE

THE FOLLOWING ENTIRE SENTENCE MUST BE WRITTEN IN THE DESCRIPTION SECTION ON THE CERTIFICATE OF INSURANCE:

“THE VILLAGE OF RIVER FOREST, ITS OFFICERS, EMPLOYEES AND AGENTS SHALL BE NAMED AS ADDITIONAL INSURED”

EVIDENCE OF WORKER’S COMPENSATION ALSO REQUIRED—IF NONE, THEN A RIDER/WAIVER MUST BE SIGNED (RIDER CAN BE OBTAINED AT THE VILLAGE HALL)

SURETY BOND

SUBMIT **ORIGINAL** SIGNED \$25,000 SURETY BOND (COPIES WILL NOT BE ACCEPTED WITH THIS APPLICATION). SURETY BOND MUST **SPECIFY** TRADE FOR WHICH LICENSE AND BOND IS APPLIED FOR.

ALL DOCUMENTS AND FEES SHOULD BE SUBMITTED TO THE ATTENTION OF THE FINANCE DEPARTMENT.

CONTACT THE VILLAGE AT (708) 366-8500 WITH ANY QUESTIONS.