DATE____________________________________  PLEASE TYPE OR PRINT

BUSINESS NAME: ____________________________________________________________________________________________________

MAILING ADDRESS __________________________________________________________________________________________________

STREET  CITY/STATE  ZIP

BUSINESS TELEPHONE: (     )____________________________  FAX: (     )____________________________

CELL NUMBER: ________________________________________________________________  E-MAIL ADDRESS_________________________

OWNERSHIP:  O CORPORATION  O PARTNERSHIP  O SOLE PROPRIETOR
(If other than sole proprietor list partner or corporate officers):

NAME_________________ E-MAIL ADDRESS_________________ PHONE____________________________

NAME_________________ E-MAIL ADDRESS_________________ PHONE____________________________

SIGNATURE______________________________________________________  _________________________________________________________ (Print)

  o GENERAL CONTRACTOR  o SIGN CONTRACTOR

1. CERTIFICATE OF INSURANCE
   a. $1,000,000 general aggregate  c. Workers Compensation in compliance with Statutory limits
   b. $500,000 per occurrence  d. Aurora as a primary and non-contributory additional insured

2. NEW APPLICATION or RENEWAL FEE OF $200.00.

   o H.V.A.C.  o Commercial ELECTRICAL  o Residential Only ELECTRICAL

   We will review reciprocal contractor licenses based on testing criteria per an approved testing Municipality.

Name of Municipality where tested: __________________________________________

Name of Qualifying Party (test taker): __________________________________________

Qualifying Party is a (check one):  o Partner  o Corporate Officer

Phone of Qualifying Party: ___________________________________  E-mail of Qualifying Party: __________________________

1. CERTIFICATE OF INSURANCE
   a. $1,000,000 general aggregate  c. Workers Compensation in compliance with Statutory limits
   b. $500,000 per occurrence  d. Aurora as a primary and non-contributory additional insured

2. COPY OF LICENSE from the municipality where tested.

3. NEW APPLICATION or RENEWAL FEE OF $200.00.

   o ROOFING CONTRACTOR  o FIRE SUPPRESSION CONTRACTOR

1. CERTIFICATE OF INSURANCE…Proof of Liability Insurance (min. of One Million Dollars)
   a. $1,000,000 general aggregate  c. Workers Compensation in compliance with Statutory limits
   b. $500,000 per occurrence  d. Aurora as a primary and non-contributory additional insured

2. COPY OF STATE ROOFING LICENSE or COPY OF STATE FIRE SUPPRESSION LICENSE

3. NEW APPLICATION or RENEWAL FEE OF $200.00.

Contractors working in the Public Right of Way must register with the Division of Engineering.

They may be reached at (630) 256-3200.  You may download a Contractor License Application at www.aurora-il.org.

OFFICIAL USE ONLY

Date received___________

Action on License:  O Issued  O Restricted  O Denied

Reasons for restriction or denial

____________________________________________________________  ____________________________________________________________

Code Official’s Signature______________________________________  Date________________________