



# CONTRACTOR LICENSE APPLICATION

DIVISION OF BUILDING AND PERMITS  
DEPARTMENT OF DEVELOPMENT SERVICES

65 WATER STREET AURORA, ILLINOIS 60505  
PHONE: (630) 256-3130 FAX: (630) 256-3139

DATE \_\_\_\_\_

**PLEASE TYPE OR PRINT**

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/STATE ZIP

BUSINESS TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

OWNERSHIP:  CORPORATION  PARTNERSHIP  SOLE PROPRIETOR

(If other than sole proprietor **list partner or corporate officers**):

NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ (Print)

**GENERAL CONTRACTOR**  **SIGN CONTRACTOR**

1. CERTIFICATE OF INSURANCE
  - a. \$1,000,000 general aggregate
  - b. \$500,000 per occurrence
  - c. Workers Compensation in compliance with Statutory limits
  - d. Aurora as a primary and non-contributory additional insured
2. NEW APPLICATION or RENEWAL FEE OF \$200.00 if inspection passing records fall under current threshold.

**H.V.A.C.**  **Commercial ELECTRICAL**  **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):  Partner  Corporate Officer

Phone of Qualifying Party: \_\_\_\_\_ E-mail of Qualifying Party: \_\_\_\_\_

1. CERTIFICATE OF INSURANCE
  - a. \$1,000,000 general aggregate
  - b. \$500,000 per occurrence
  - c. Workers Compensation in compliance with Statutory limits
  - 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 if inspection passing records fall under current threshold.

**ROOFING CONTRACTOR**  **FIRE SUPPRESSION CONTRACTOR**

1. CERTIFICATE OF INSURANCE....Proof of Liability Insurance (min. of One Million Dollars)
  - a. \$1,000,000 general aggregate
  - b. \$500,000 per occurrence
  - c. Workers Compensation in compliance with Statutory limits
  - 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 if inspection passing records fall under current threshold.

**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](http://www.aurora-il.org).

**OFFICIAL USE ONLY**

Date received \_\_\_\_\_

Action on License:  Issued  Restricted  Denied

Reasons for restriction or denial \_\_\_\_\_

Code Official's Signature \_\_\_\_\_

Date \_\_\_\_\_