



CONTRACTOR LICENSE APPLICATION

DIVISION OF BUILDING AND PERMITS
DEPARTMENT OF DEVELOPMENT SERVICES

77 S BROADWAY 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)

PLUMBING CONTRACTOR

- 1. STATE CERTIFICATE OF REGISTRATION

FIRE ALARM 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 ILLINOIS DEPARTMENT OF PROFESSIONAL REGISTRATION

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: Issued Restricted Denied

Reasons for restriction or denial _____

Code Official's Signature _____

Date _____