



**CONTRACTOR LICENSE  
APPLICATION**

*\$50.00 fee*

Company Name: \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

Date of Organization: \_\_\_\_\_ Registered in State of : \_\_\_\_\_

Type of Work to be performed: \_\_\_\_\_  
\_\_\_\_\_

Name(s) of Person(s) who will be directly supervising work:  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES: (These are optional, but may be of significant assistance in expediting processing of application.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the past year, have you ever failed to complete work rendered to you? YES/NO

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List below and provide copies of any licenses or permits for doing the listed type of work.

	License	License No.
Plumbing:	_____	_____
Electrical:	_____	_____
Roofing:	_____	_____
	(work covered under the Roofing Industry Act)	
Other:	_____	_____

NOTE: A check of local and state records will be made. Licensing as a contractor to do work in the City of Sparta is contingent upon past and future non-fraudulent fulfillment of contractual obligations. Licensing may be cancelled or rescinded for cause at any time by the Code Enforcement Officer.

Applicant Name and Title: \_\_\_\_\_ / \_\_\_\_\_  
(please print) (Title)

Today's Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

FEIN No. (if applicable): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Please provide proof of Liability Insurance and Workers Compensation  
(Certificates may be faxed to City at 618-443-4712)

Date \$50.00 fee paid \_\_\_\_\_ Date Ins. Cert. Received \_\_\_\_\_

Please make check payable to City of Sparta 114 W. Jackson St. Sparta, IL 62286

Approved By \_\_\_\_\_ Date \_\_\_\_\_



This institution is an equal opportunity provider and employer.