



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 Licensing may be cancelled or rescinded for cause at any time by the Code Enforcement Officer.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.