

**VILLAGE OF NEW LENOX**  
**1 VETERANS PKWY NEW LENOX, IL 60451**  
PHONE (815) 462-6490 FAX (815) 462-6469

**APPLICATION FOR CONTRACTOR REGISTRATION**

**Date Applied:** \_\_\_\_\_ **Present Registration #:** \_\_\_\_\_

**BUSINESS INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Business Type: \_\_\_\_\_

**OWNER INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**STATE LICENSE: (IF APPLICABLE - SUBMIT COPY OF STATE LICENSE)**

Plumber's License #: \_\_\_\_\_  
Sprinkler License #: \_\_\_\_\_  
Roofer's License #: \_\_\_\_\_

EPA RRP Certificate #: \_\_\_\_\_

**LIABILITY INFORMATION:**

Insurance Co.: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Bond Co.: \_\_\_\_\_  
Bond No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**NOTE:**

Failure to comply with this Ordinance or any other misrepresentation or classification of this application may result in penalties as described in section 12 of Ordinance #900 of New Lenox Municipal Code.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**SUBMIT THE FOLLOWING:**

1. Surety Bond in the amount of \$10,000.
2. Certificate of Insurance, General Liability - \$1,000,000 - \$1,000,000 per Occurrence & \$1,000,000 General Aggregate.
3. Proof of Workers Compensation Insurance - \$500,000.
4. The completed application form and registration fee - \$150
5. Plumbers and Sprinkler - completed application & State Certification (no fee required).