



OFFICE USE ONLY

LICENSE #: \_\_\_\_\_

## PLUMBING CONTRACTOR LICENSE APPLICATION

Community Development Department · 17 Montrose Drive · Romeoville, IL 60446 · Tel. (815) 886-7203 · Fax. (815) 886-2724

Business Name:		
Mailing Address:		
City	State	Zip Code
Phone #	Fax #	Cell #
Type of Contractor:		
Contact Name	Email Address:	

**PLEASE NOTE: 1) ALL CONTRACTORS WORKING WITHIN THE VILLAGE LIMITS MUST HAVE A CURRENT VILLAGE LICENSE.**

**REQUIREMENTS:**

- **APPLICATION FEE: WAIVED**
- **COPY OF PLUMBING LICENSE FROM THE STATE OF ILLINOIS**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

Registration # <u>C-</u> _____	Date of Issued: _____
Application Received by: _____	Expiration Date: _____