



OFFICE USE ONLY

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

## SUB-CONTRACTOR LICENSE APPLICATION

Community Development Department · 1050 W. Romeo Road · Romeoville, IL 60446 · Tel. (815) 886-7200 · Fax. (815) 886-2724

Business Name:		
Mailing Address (no P.O. Box):		
City, State, Zip Code	Phone #	Fax #
Contact Name:	Cell #	
Type of Contractor:	Email Address:	
General Contractor Name that you are working with on the job	Phone#	

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

### THE VILLAGE OF ROMEOVILLE WILL REQUIRE THE FOLLOWING DOCUMENTATION:

**REQUIREMENTS (Village prefers original documents, but will accept email copies. If you send an email copy, you waive claims/defenses based on the Village not possessing the original document.)**

**Please mail all requirements together (INCOMPLETE APPLICATION WILL BE SENT BACK):**

- **APPLICATION FEE:** \$75.00/12 month license
- **LICENSE AND PERMIT BOND:** \$10,000.00
- **CERTIFICATE OF INSURANCE:**

**Workman's Compensation Ins:**

\$100,000.00 each accident  
\$500,000.00 policy limit  
\$100,000.00 each employee

**General Liability:**

\$1,000,000.00 per occurrence  
\$2,000,000.00 per occurrence

- **COPY OF LICENSE:**

- **State Roofer's License**
- **Electrical License**

Please sign here if you are the only employee

Village of Romeoville to be named as additional insured. Certificate must bear endorsement that insurance may not be cancelled by the insurer with at least ten (10) days prior written notice to the Village. Cancellation of such insurance will cause automatic revocation of the permit.

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

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

Office use Only

Date of Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Date Received: \_\_\_\_\_