

CITY OF ROCK FALLS CONTRACTOR REGISTRATION

PLEASE NOTE THE FOLLOWING INFORMATION

Along with this application you will need to provide a Certificate of Insurance and License Bond (\$15,000) as required by City Ordinance Sec. 6-79.

No permits will be issued until this fee has been paid for the year in which the work is being performed

This fee will be due on or before May 1st of each consecutive year.

Name of Business: _____

Name of Owner: _____

Name of Applicant (if not owner): _____

Business Address: _____

City _____ State _____ Zip Code _____
 Phone#: _____ Cell#: _____

If other than owner signing application, please provide Authorization Letter from Owner for APPLICANT(S) to sign application and/or permit

For future contact, please provide:

Website: _____

E-mail Address: _____

ROOFING LICENSE# _____ Expires: _____

OTHER LICENSE# _____ Expires: _____

OTHER LICENSE# _____ Expires: _____

You must check ALL that apply:	Fee:
<input type="checkbox"/> General Contractor	\$50.00
<input type="checkbox"/> Electrical Contractor	\$50.00
<input type="checkbox"/> HVAC Contractor	\$50.00
<input type="checkbox"/> Drain Layers	\$50.00
\$50 fee for each type of contractor	

Method of Payment: (\$2.50 Processing Fee)

Credit Card (Visa) (MasterCard) (Discover)
 # _____ Expires _____
 3-Digit # _____ (Back of Card)

Debit Card # _____
 PIN# _____

Cash/Check

Check Your Trades:

<input type="checkbox"/> Carpentry	<input type="checkbox"/> Garage Builders	<input type="checkbox"/> Fire Alarm
<input type="checkbox"/> Cabinetry	<input type="checkbox"/> Glass Installation	<input type="checkbox"/> HVAC
<input type="checkbox"/> Cleaning Restoration	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Insulation
<input type="checkbox"/> Crane Service	<input type="checkbox"/> Masonry	<input type="checkbox"/> Mechanical Piping
<input type="checkbox"/> Concrete	<input type="checkbox"/> Movers	<input type="checkbox"/> Roofing*
<input type="checkbox"/> Demolition	<input type="checkbox"/> Bricklayer	<input type="checkbox"/> Sign Installer
<input type="checkbox"/> Drain layers	<input type="checkbox"/> Siding/Exterior Wall	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Drywall	<input type="checkbox"/> Steel Erector	<input type="checkbox"/> Utility Company
<input type="checkbox"/> Electric	<input type="checkbox"/> Cell Tower Erector	<input type="checkbox"/> Window Installer
<input type="checkbox"/> Elevator Lift*	<input type="checkbox"/> Lead Law*	<input type="checkbox"/> Refrigeration
<input type="checkbox"/> Environmental	<input type="checkbox"/> Water/Damp Proofing	<input type="checkbox"/> Garage Doors
<input type="checkbox"/> Fences	<input type="checkbox"/> Driveways	<input type="checkbox"/> Other
<input type="checkbox"/> Fireplaces	<input type="checkbox"/> Excavating	<input type="checkbox"/> Other
<input type="checkbox"/> Fire Sprinkler*	<input type="checkbox"/> Decks	<input type="checkbox"/>
*Requires copy of IL State License	<input type="checkbox"/> Sidewalks/Curb&Gutter	<input type="checkbox"/>

This applicant/owner states on oath that he/she understands as a contractor for the City of Rock Falls, they will be responsible for ensuring that the work being done will be compliant with all City of Rock Falls adopted ordinances and all applicable building codes according to project work. It is further understood that failure to comply will result in forfeiture of this registration and all rights to perform work regulated by the Building Department.

Signature – Owner/Applicant _____

Date _____

Please return this application to: City Of Rock Falls, Building Dept, 603 West 10th Street, Rock Falls IL 61071

Any questions: Phone: (815)622-1108 Fax: (815)622-1109 msearing@rockfalls61071.com sfrey@rockfalls61071.com