

VILLAGE OF SUMMIT  
7321 WEST 59<sup>TH</sup> STREET  
SUMMIT, ILLINOIS 60501-1493  
708-563-4809 Fax 708-563-9340

APPLICATION FOR A CONTRACTOR LICENSE

Date Submitted: \_\_\_\_\_

By signing this application the applicant agrees that he/she will not during the conduct of said business, violate any law of the State of Illinois, County of Cook, or of the United States, or any ordinance of the Village of Summit in force and effect during all or part of the period covered by any license or registration issued pursuant to this application. **\$10,000.00 surety bond and a certificate of insurance is required showing the Village of Summit as the certificate holder. If you are an electrician, roofer or plumber we will need a copy of your state license.**

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell. No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Business: \_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_

Drivers License # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_ (ALL APPLICATIONS MUST BE SIGNED).

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For Office Use Only: Fee: \$100.00 (No fee for state licensed plumbers please include copy)

Building Department: \_\_\_\_\_

Date Approved: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

**ALL LICENSES WILL EXPIRE ON JUNE 30, 2020**