



APPLICATION FOR CONTRACTOR LICENSE

CITY OF DES PLAINES
1420 MINER ST #104
DES PLAINES, IL 60016
847-391-5366

**NOTE: The homeowner is not permitted to complete this application for the contractor.
ALL information is required before issuance of a Contractor License for City of Des Plaines.**

A. COMPANY INFORMATION (Please print clearly)

BUSINESS NAME _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

BUSINESS CITY _____ STATE _____ ZIP _____

IS THIS BUSINESS OR ANY EMPLOYEE OF THIS BUSINESS LICENSED WITH THE ILLINOIS DIVISION OF PROFESSIONAL REGULATION? () YES () NO
(Attach a copy of all state licenses issued to this business and any employee of this company)

B. CORPORATION INFORMATION (Attach a copy of Articles of Incorporation and/or Certificate of Authority to Conduct Business in Illinois)

() SOLE OWNER () CO-OWNERSHIP () PARTNERSHIP () CORPORATION

NAME OF CORPORATION _____ DATE OF INCORPORATION _____

ASSUMED NAME(S) AND/OR ALL "DOING BUSINESS AS" _____
(Attach a copy of State documentation listing all names)

C. COMPANY REPRESENTATIVE/MANAGER ON SITE INFORMATION

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ CITY/ST _____ ZIP _____

DRIVER'S LICENSE # _____ STATE _____ EXP _____
(Attach a copy)

D. LICENSE INFORMATION FEE: JANUARY – DECEMBER / FULL YEAR OR JULY – DECEMBER / HALF YEAR
\$50.00 FIRST/\$6.00 EACH ADDTL \$25.00 FIRST/\$3.00 EACH ADDTL

TYPE OF CONTRACTOR: MARK EACH CATEGORY PERTAINING TO YOUR COMPANY

(STATE LICENSED ROOFERS AND PLUMBERS ARE EXEMPT FROM OBTAINING A CONTRACTOR'S LICENSE, HOWEVER NEED TO SUBMIT A COPY OF THE STATE LICENSE)

- 01 - BUILDING (GENERAL)
- 06 - MASON
- 11 - LANDSCAPING
- 02 - CARPENTER
- 07 - CONCRETE
- 12 - SNOW REMOVAL
- 03 - FENCE
- 08 - EXCAVATOR
- 13 - SPRINKLER SYSTEMS
- 04 - SIDING
- 09 - WRECKING
- 14 - MISC _____
- 05 - PAVING
- 10 - HVAC (NO ELECTRICAL)
- 15 - ELECTRICAL

**(SEPARATE \$50 FULL YR/\$25 ½ YR
addtl \$6/\$3 fee does not apply)**

Yes, I will renew the license every January No, I will renew the license only when contracted in Des Plaines

E. READ, SIGN, DATE

I understand the issuance of this License is conditioned upon compliance with City Ordinances and the results of any inspections of any premises where work will be done or any subsequent inspections while this License is in force. I will also supply insurance, bonding (if necessary), State of IL licenses and all corporation information to the Community & Economic Development Department.

I understand that this license may be suspended/revoked if misused and will expire on December 31st of the year of issuance.

COMPANY REPRESENTATIVE/
MANAGER ON-SITE SIGNATURE _____ DATE _____



City of Des Plaines
CED Department
1420 Miner Street
Des Plaines, IL 60016
Tel: 847-391-5366
Fax: 847-391-5371

CHECKLIST FOR CONTRACTOR LICENSE

- _____ COMPLETED APPLICATION (all information must be completed)
- _____ COPY OF ALL LICENSES ISSUED BY THE ILLINOIS DIVISION OF PROFESSIONAL REGULATION
- _____ COPY OF ARTICLES OF INCORPORATION OR GOOD STANDING CERTIFICATE
- _____ COPY OF STATE DOCUMENTATION LISTING ALL ASSUMED/DBA NAMES
- _____ COPY OF DRIVER'S LICENSE FOR THE COMPANY REPRESENTATIVE/SITE MANAGER
- _____ PAYMENT FOR APPROPRIATE FEE (1ST time applicants may not pay with a credit card)

Incomplete applications will be returned and unprocessed. Permits will not be issued until properly licensed with the State of Illinois and the City of Des Plaines.

*****PLEASE READ THE ATTACHED INFORMATION SHEET REGARDING STATE REGULATIONS*****