



25 E. State Street North Aurora, IL 60542
P: 630.897.1457 F: 630.897.0269
www.northaurora.org

APPLICATION FOR CONTRACTOR REGISTRATION

Contractor Name: (D.B.A.) _____

Trade: _____

Primary Contact: _____

Business Address: _____

(P.O. Boxes Not Accepted)

City: _____ State: _____ zip: _____

Telephone No: _____ FAX No: _____

E-mail: _____

State License # _____ Owner Listed: _____

(Attach a copy to this application)

Insurance Provider: _____ Phone: _____

E-mail: _____ FAX No. _____

Subcontractor Include The Following:

General Contractor (D.B.A.): _____

Address: _____

City: _____ State: _____ Zip: _____

(P.O. Boxes Not Accepted)

Telephone No: _____ FAX No: _____

E-mail: _____

Certificate of insurance with the Village of North Aurora listed as a holder.

Fee Submitted: \$150.00 Plumbers with State of Illinois license – no fee

(over)

NO REGISTRATION SHALL BECOME EFFECTIVE UNTIL SUCH DATE AS THE REQUIRED PROOF OF INSURANCE HAS BEEN SUBMITTED AND IS ON FILE WITH THE VILLAGE OF NORTH AURORA.

INSURANCE MUST BE MAINTAINED THROUGHOUT THE REGISTRATION PERIOD OR THE REGISTRATION WILL BE SUSPENDED OR REVOKED.

I hereby certify that I am familiar with all the pertinent village ordinances, codes and regulations including the building code applicable to the business that I am engaged in and that I agree to comply with same.

Owner or authorized agent's signature

Date

New/Renewal

Date Issued: _____ Expiration Date: _____

Fee Submitted: _____

- Certificate of insurance provided
- State license provided – Company/Individual