



CONTRACTOR'S LICENSE

LICENSE # _____

VILLAGE OF OLYMPIA FIELDS

**20040 Governors Highway
Olympia Fields, IL 60461-1013**

Telephone: (708) 503-8000 Fax (708) 503-8002
(indicate all that applies to your company)

<input type="checkbox"/> GENERAL	<input type="checkbox"/> ELECTRICAL
<input type="checkbox"/> PLUMBING	<input type="checkbox"/> OTHER SUBCONTRACTOR (please specify type) _____
<input type="checkbox"/> HVAC	_____

COMPANY NAME:	_____
COMPANY OWNER:	_____
COMPANY ADDRESS:	_____
	ZIP: _____
PHONE NUMBER:	_____
FAX NUMBER:	_____ CELL #: _____
OWNER'S SIGNATURE:	_____
***If renewing your license, has your address changed? YES ___ NO ___	

All Contractors and Subcontractors:
Annual Fee \$100.00
(BOND IS NOT REQUIRED)

Certificate of Insurance

General Liability	\$500,000
Property Damage	\$ 50,000
Worker's Compensation	Statutory**

(Village of Olympia Fields to be listed as additional insured/certificate holder)

**** If you have no worker's compensation insurance, please sign the following statement****
I certify that I have no employees and that I am the only person able to work on a job site.
Signed: _____ Date: _____

Plumbers - Roofers - Irrigation Contractors
A copy of your current state license is required.

***** ATTENTION PLUMBERS: The \$100.00 fee is waived with a valid State Plumber's License**

Electricians
A copy of a Testing Community Electrical License

I understand the Olympia Fields building codes and inspection requirements

SIGNED: _____ **DATE:** _____