



## *Building & Zoning Department*

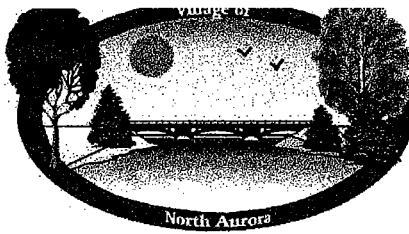
### **Contractor Licensing**

Effective January 1, 2011, The Village of North Aurora will license all contractors doing work within the Village. All contractors will provide proof of insurance, a license and permit bond in the amount of \$20,000. There will be an annual fee of \$150.00.

All State Licensee holders will be required to register with the Village and provide a copy of their State-issued license and shall comply with the bonding and licensing requirements of the State of Illinois. There will be an annual registration fee of \$25.00.

Applications will be mailed out in early October 2010.

Scott Buening, AICP  
Community Development Director  
Village of North Aurora  
25 E. State Street  
North Aurora, IL 60542



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[www.vil.north-aurora.il.us](http://www.vil.north-aurora.il.us)

Community Development  
Phone: (630) 897-1457  
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## APPLICATION FOR CONTRACTOR LICENSING/REGISTRATION

GENERAL CONTRACTOR \_\_\_\_\_ SUB-CONTRACTOR \_\_\_\_\_ STATE LICENSE REGISTRATION ONLY \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ CELL NO. \_\_\_\_\_

E-MAIL \_\_\_\_\_ CONTACT: \_\_\_\_\_

CITY or STATE ELECTRICAL/PLUMBING/ROOFING LIC. # \_\_\_\_\_  
(Attach a copy to this application)

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

INSURANCE AGENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL \_\_\_\_\_

PROOF OF INSURANCE SUBMITTED

PROOF OF BONDING SUBMITTED

FEE SUBMITTED:

\$150.00

OR \$25.00 (STATE LICENSE HOLDERS)

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

(CONTINUED)

INSURANCE AND BONDING MUST BE MAINTAINED THROUGHOUT REGISTRATION PERIOD OR 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 PERSON'S SIGNATURE

DATE

**FOR OFFICE USE ONLY**

LICENSE NO. \_\_\_\_\_

FEE RECEIVED: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

PROOF OF INSURANCE SUBMITTED: \_\_\_\_\_

PROOF OF BONDING SUBMITTED: \_\_\_\_\_