

# VILLAGE of ORLAND HILLS

Phone:  
708/349-4887

16033 South 94th Avenue  
Orland Hills, Illinois 60487

Fax:  
708/349-1358

## CONTRACTOR REGISTRATION APPLICATION

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Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Construction Job Location: \_\_\_\_\_

Type of Contractor: \_\_\_\_\_ Fax: \_\_\_\_\_

3 References: \_\_\_\_\_

(OTHER TOWNS WHERE YOU ARE CURRENTLY REGISTERED)

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General Contractor Fee: Starts at \$300.00 per year

Contractor: \$125.00 per year.

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### CONTRACTOR & SUB-CONTRACTORS REQUIREMENTS: \$10,000.00 Permit Bond per Trade

Fees: \$125.00 per trade

Trade: \_\_\_\_\_ *Original Signed Copy Required*  
\$10,000.00 License & Permit Bond Exp: \_\_\_\_\_

Trade: \_\_\_\_\_ Certificate of Insurance Expiration: \_\_\_\_\_

Trade: \_\_\_\_\_ State/Supervisory (Plumb/Roof/\*Elec) Exp: \_\_\_\_\_

\**Electricians are exempt from fees* when a copy of a valid Electrical License from another Illinois Municipality is submitted with the application.

\*\**Plumbing Contractors* shall submit a copy of their State of Illinois License when filing a contractor's registration application.

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I hereby declare that all of the above information given is true to the best of my knowledge and belief. I agree to comply with all Village and State codes, ordinances and laws now in force and any others that may be enacted during the duration of requested license. THIS CONTRACTOR'S REGISTRATION EXPIRES 12 MONTHS FROM APPROVAL. I further understand that during this licensing period, should the *Certificate of Insurance or License & Permit Bond /Surety Bond expire, this registration becomes null and void.*

Signature of Owner/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTE: Upon completion of this application, submit the necessary bonds, fees and any other documentation as required. Authorization to work is not approved until the registration form is approved and issued. Failure to comply will result in additional fees being assessed.**

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OFFICE USE ONLY

Fees Rec: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash/Check: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_