

CITY OF HICKORY HILLS
BUILDING DEPARTMENT
8652 West 95th Street
Hickory Hills, IL 60457
Phone (708)237-4140
Fax (708)237-4141

**CONTRACTOR LICENSE APPLICATION
JANUARY 1, 2012 - DECEMBER 31, 2012**

COMPANY NAME: _____

TRADE OR BUSINESS TYPE: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

The above applicant hereby requests permission from the City of Hickory Hills to operate this business within the City, Cook County, Illinois.

The above applicant agrees to abide by and operate this business in conformance to the codes and ordinances of the City of Hickory Hills.

Applicant or agent signature: _____

Date: _____

Contractor License Fee **\$100.00** per calendar year. A **CERTIFICATE OF INSURANCE** with limits of not less than \$100,000 per person and \$300,000 per accident for bodily injury, and not less than \$25,000 for property damage arising out of any work performed within the City limits **MUST ACCOMPANY THIS APPLICATION** even if a certificate of insurance is on file. **CITY OF HICKORY HILLS WILL BE NAMED AS CERTIFICATE HOLDER. NO BOND REQUIRED. ROOFING CONTRACTORS** must submit a **COPY** of their **STATE OF ILLINOIS ROOFING CONTRACTOR LICENSE**.

All contractor licenses shall be issued for a period of one year which shall begin on January 1 and which shall terminate on December 31 of that year. No contractor licenses shall be issued for a half-year.

PLUMBERS REQUIRE A COMPLETED APPLICATION AND A COPY OF DEPARTMENT OF PUBLIC HEALTH REGISTRATION. NO FEE REQUIRED.

PRIVATE ALARM CONTRACTORS REQUIRE A COMPLETED APPLICATION AND A COPY OF THEIR STATE ISSUED LICENSE. NO FEE REQUIRED.

A CERTIFICATE OF INSURANCE MUST BE GIVEN TO HOMEOWNER OR BUSINESS OWNER PRIOR TO COMMENCEMENT OF WORK.