

Registration Number \_\_\_\_\_

Expires \_\_\_\_\_



1750 East Division Street Diamond, IL 60416  
Phone: (815)634-8149 FAX: (815)634-3149

**APPLICATION FOR CONTRACTOR'S REGISTRATION**

Name of Business \_\_\_\_\_

Business Owner(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers Lic. No. \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell No. \_\_\_\_\_

Type of Business \_\_\_\_\_ No. of Employees: \_\_\_\_\_

State License Number (Plumber/Roofer provide copy): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**CONTACTORS FEES:**

General Contractor ( <i>Must Provide \$20,000. Bid/Permit Bond</i> )	\$200.00 _____
Sub-Contractor	\$100.00 _____

Fee and Bond Requirements are due annually and are for a One (1) year Term.  
Make Checks payable to: Village of Diamond

**CONTRACTORS INSURANCE REQUIREMENTS**

**ALL Contractors Must Provide a Certificate of Insurance in the following amounts:**

- Bodily Injury Liability - \$1,000,000.00
- Property Damage Liability - \$1,000,000.00
- Workmen Compensation (*As required by the Industrial Commission of the State of Illinois*)
- Business Auto Bodily Injury Liability/Business & Auto Property Damage Liability - \$1,000,000.00/Combined Limit

I am familiar with the pertinent Village of Diamond Ordinances, Codes and Regulations, including the Building Codes applicable to Business, which I am engaged in and that I agree to fully comply with the same.

\_\_\_\_\_  
Signature of Owner or Authorized Representative