VILLAGE OF GILBERTS
Building Department
73 Industrial Drive, Gilberts, IL 60136
Phone: 847-428-4167 Fax: 847-551-3382

CONTRACTOR'S REGISTRATION

Business Name: _____
(Please Print Legibly)

Business Address: _____
(Street Location – P.O. Box not permitted) (City) (State) (Zip)

Mailing Address (if different): _____

Business Phone # (_____)_____ Business Fax # (_____)_____

Business Owner/Contact person:_____ Cell# _____
Email Address:_____

Type of Contractor: (please check all that apply) **Note: All subcontractors must register**

___ Carpenter
___ Decks
___ General Contractor
___ HVAC
___ Swimming Pools
___ Concrete
___ Fences
___ Handy Man
___ Landscaper/Paver
___ OTHER (Specify) _____
___ Electrical (Certificate #_____
___ Plumbing (License # _____
___ Roofing (License # _____
LICENSE EXPIRES: _____

List current project to be performed, and other projects completed within the VOG during the past 12 months. (If not enough room, please use other side)

Address	Name of Resident	Type of Project	Permit #

By submitting an application to the Village, the applicant authorizes the Village to under take any or all of the following at the sole discretion of the Village: Consult with the Better Business Bureau; and Consult with other municipalities and their building inspectors. The contractor's signature indicates they agree to comply with all Village of Gilberts codes and ordinances.

X_____

Signature of Owner/Authorized Agent **Printed Name** **Date**

OFFICIAL USE ONLY:

Proof of Liability Insurance ____ (Naming VOG)
EXP Date: _____

Surety Bond Issued____ (Naming VOG)
Amount: _____ (not less than $3000)
EXP. Date: _____

Fee: $ _____ Date Rec'd: _____/_____/_____ CK#_____ VOG: _____ Reg #: 17-C-_____