

CITY OF GALESBURG

City Clerk's Office

Operating under Council - Manager form of Government Since 1957

Annual Application for General Contractor Registration

Principal Owner of business _____

Address of business owner _____

Phone # of business owner _____

Full name of business _____

Address of business _____

Business Phone # _____ Fax # _____

Email Address _____

Types of work being performed without subcontracting services _____

Corporation Sole Proprietor Partnership

Requirements are as follows according to ordinance number 04-3055 adopted August 2, 2004

Certificate of Liability Insurance \$100,000/\$300,000 Expires _____

\$5,000 continuous license/permit bond Expires _____

Roofing Contractors provide Illinois Roofing License Number _____

If you have employees, you must also provide applicable Workers' Compensation Insurance or Certificate of Approval as self-insurer issued by the Illinois Industrial Commission (unless applicant has no employees)

\$50.00 annual registration fee due January 1st of every year.

I certify that I presently have no employees and will not hire any employee(s) to perform work in the City of Galesburg during the duration of this registration unless I obtain workers compensation insurance.

Signature

The undersigned certifies that all information in this statement is true and complete. Failure to comply with the conditions of this registration will result in revocation unless I obtain workers compensation insurance.

Signature Title Date

Payment for registration should be payable to the City of Galesburg and submitted to Kelli R Bennewitz, City Clerk, 55 West Tompkins Street Galesburg, IL 61401 (Your check payment will not be returned by your financial institution. Funds may be debited from your bank account on the same day the payment is received.)

For Office Use Only:

Date of Application _____ Receipt # _____ Registration # _____ Issued _____