## CITY OF GALESBURG

City Clerk's Office

Operating under Council Manager form of Government Since 1957

**General Contractor Registration Form (Please print)** 

Company Name				
Mailing Address	City	State	Zip Code	
Business Phone	Cell phone		-ax	
Email Address				
Owner Name		Owner Phone		
Owner Address		State	Zip Code	
General Carpentry (Siding, Ma	asonry, Fencing, Pool, Carper	nty) Roofing*		
*State of Illinois Roofing Lice	nse			
Liablility Insurance Provider_				
Workers Compensation Prov	ider			
Bond Provider				
			cember 31 <sup>st</sup> regardless of issue	
	ice for liability in the minir sted as additional insured		\$100,000/\$300,000 The City of rformed for the City of	
A separate Continuo	vided. A minimum of 30	•	lesburg in the amount of \$5,000, t be provided to the City Clerk's	
•		erstand that any p	erson or company working for me	
	, I hereby certify and attest ue and accurate, I understan	that I have review	ed the information provided above	
(Signature)		(Title)	 (Date)	