



CONTRACTOR REGISTRATION FORM EXPIRES DECEMBER 31, _____

Company Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Email Address: _____

Corporation Sole Proprietor Partnership

**Principals of firm and those individuals authorized to apply for permits:
(LIST OTHER NAMES ON BACK OF THIS SHEET)**

Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Type of Registration: _____
(General Contractor / Wrecking / Moving \$75 Fee; Electrical / Mechanical \$50.00 Fee;
Plumbing – No Fee)

Types of work your company completes without subcontracting for services:

Structural repairs Siding Other _____

Roofing – Illinois Roofing License No. _____
(copy to be furnished to Inspections)

FURTHER REQUIREMENTS

- Certificate of insurance to the City of Moline in the amount of \$100,000 property damage and \$300,000 personal injury per occurrence.
- \$5000 continuous license/permit bond on City of Moline bond form.

The undersigned certifies that all information in this statement, and all information furnished in support of the statement is true and complete to the best of my knowledge and belief. Failure to comply with the conditions of this registration will result in revocation of the registration and cancellation of all active permits.

_____ Signature	_____ Title	_____ Date
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I certify that I presently have no employees and will not hire any employee(s) to perform work in the City of Moline during the duration of this registration unless I obtain workman compensation insurance and provide proof of such insurance to the City of Moline.

_____ Signature	_____ Title	_____ Date
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