



City of Streator

204 South Bloomington Street
Streator, Illinois 61364
Phone: (815) 672-2517
Fax: (815) 672-7566

Registration # _____

Fee: \$100

CONTRACTOR REGISTRATION APPLICATION

Contractor Registrations run from October 1st to September 30th each year

Yes No Is this application for a contractor who will be doing plumbing or roofing work?
If YES complete both sections 1 and 2
If NO complete only section 1

SECTION 1—APPLICANT INFORMATION

Company Name: _____ Owner Name: _____
Federal Employee Identification # (FEIN): _____ Company Email: _____
Primary Contact Name: _____ Primary Contact Email: _____
Business Phone #: _____ Cell #: _____
Doing Business As: _____ # of Employees: _____
Address: _____ City, State, & Zip: _____
Type of Business: _____

Liability Insurance Information: **A copy of your liability insurance showing the City of Streator as a CERTIFICATE HOLDER is required BEFORE a license will be issued**

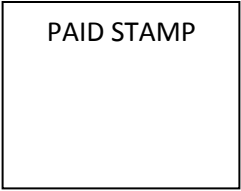
Insurance Carrier: _____
Policy Number: _____
Term of Insurance: _____
Amount of General Liability Coverage: \$ _____

SECTION 2—ROOFING INFORMATION

State of Illinois License Information Required for Roofers ONLY:

State of Illinois License Number: _____
Date of License Expiration: _____

THE APPLICANT IN THIS SECTION MUST BE ABLE TO SHOW THIS PERMIT
TO AN INSPECTOR OR THE ISSUED REGISTRATION AND PERMIT CERTIFICATE



-----**FOR OFFICE USE**-----

Yes No Roofing License verified on **www.idfpr.com** by: _____

Contractor Registration Approved By: _____ Title: _____ Date: _____