



REGISTRATION # _____

\$50.00 Annual Fee

Building Division
200 S Fourth Street
DeKalb, IL 60115
(815) 748-2070

Brenda.hart@cityofdekalb.com

Office Use
CY 19
Date Mailed

Contractor Registration Application

Type of Contractor

- ELECTRICAL
- HVAC
- GENERAL (includes fence, sign, demo, etc.)

Name of Firm: _____

Business Owner: _____

Contact Name (if different than owner): _____

Business Address: _____

Business Phone: _____ Cell: _____

E-mail: _____ Fax: _____

Insurance Agent: _____ Phone: _____

No registration will be effective and no work permitted until the required proof of insurance has been submitted and is on file with the City of DeKalb. Annual renewal will be due by January 1st each year with a **\$50.00 registration** fee, proof of insurance and the completed registration form.

Insurance Requirements:

a) commercial general liability insurance coverage with minimum policy limits of \$100,000 per person/\$300,000 per occurrence; **b)** automobile insurance with minimum policy limits in excess of current state requirements; and, **c)** workers compensation insurance with minimum policy limits in excess of current state requirements; all from insurers licensed to transact business in the State of Illinois. Sole-proprietorships may demonstrate compliance with workers compensation insurance with exemption of the owner where permitted by law.

Owner's name - please print _____

Owner or Authorized Person's Signature _____ Date _____

Office Use Only

Date Received: _____
 Registration Form: _____ Fee: _____ Proof of Insurance: _____