



Community Development
 Building Safety Division
 PO Box 3157
 Bloomington, IL 61702-3157

Phone: 309-434-2226
 TTY: 309-829-5115

2019 Contractor Registration Application

Instructions to applicants: Complete form by filling in all information. Supporting documentation **MUST** accompany the signed application when submitted. Please submit the following:

- this completed application
- copy of Liability Insurance, **\$100,000** for property damage, **\$300,000** for personal injury
- **\$100.00** check payable to the **City of Bloomington** for annual renewal.
- **Roofing Contractors** must include a copy of State Roofing License

NOTE: A registration card will be issued only upon arrival of all materials.

Business Name:	Application Date:
Business Address:	Phone #:
	Mobile #:
	Fax #:
Liability Insurance Carrier (Name, Exp. Date):	
Contractor Signature:	E-mail:
Print Name:	

Certificate of Insurance must accompany completed application form.



NOTE: MAIL, DO NOT FAX, ALL MATERIALS TO:

CITY OF BLOOMINGTON - PACE DEPARTMENT
ATTN: CONTRACTOR REGISTRATION
P.O. BOX 3157, BLOOMINGTON, IL 61702-3157

ON OR BEFORE DECEMBER 31, 2018

Failure to renew by January 31, 2019, will result in a penalty fee of \$50.00.

Please check here if you are a minority or woman owned business and would like to receive an application to be on the approved Community Development Contractor's List.

Minority Owned **Woman Owned**

Check appropriate classification(s).

_____ Commercial/Business/Office Bldg.
 _____ Residential Building
 _____ Demolition
 _____ Siding/Windows
 _____ Pools

_____ Concrete/Masonry
 _____ Roofing State License#: **submit copy**
 _____ Fire Protection
 _____ Landlord _____
 _____ Other... _____

FOR OFFICE USE ONLY.

Classification:	Contractor's #:
Reviewed By:	Card Issued: / /
(Building Inspector)	(Date) (Exp. Date) (Reg. #)

DO NOT FAX

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