



Zoning & Building Department
 1504 3rd Ave Rock Island IL, 61201

CONTRACTOR REGISTRATION FORM

Business Name:	
Type of Contractor:	
Contact Person:	
Mailing Address:	
City/State/Zip:	
Phone numbers:	Business: _____ Cell: _____
Type of Ownership:	Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/>
Owner (Officer if Corp):	
Address:	
City/State/Zip:	
Email:	
FOR OFFICE USE ONLY	
State License:	Plumbing Contractor #055- <input type="checkbox"/> Copies on file Plumbing Individual #058- Roofing #104- Roofing #105-
Insurance:	<input type="checkbox"/> General liability with a minimum of \$460,000 for each occurrence; <input type="checkbox"/> Rock Island County named Certificate Holder

Please List below employees or officers authorized to purchase permits as representatives for your company. (Please Note: Anyone who is not listed below will not be allowed to purchase a permit for your company; Also, Note: Sub Contractors shall not be considered as authorized agents.)

Name:
Name:
Name:
Name:

Date Registration Submitted _____

The undersigned certifies that all the information in this statement, and all information furnished in support of the statements are true and complete to the best of their 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 _____