

# VILLAGE OF RAPIDS CITY

1204 4<sup>TH</sup> Avenue  
P.O. Box 134  
Rapids City, IL 61278-00134  
Phone: (309) 496-2321  
Fax: (309) 496-1203

## CONTRACTOR REGISTRATION FORM

### CONTRACTOR INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_\_) \_\_\_\_\_

ROOFING LICENSE NUMBER: \_\_\_\_\_

NAME & ADDRESS OF INSURANCE COMPANY: \_\_\_\_\_

\_\_\_\_\_

### PLUMBER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_\_) \_\_\_\_\_

LICENSE NUMBER(S): 055- \_\_\_\_\_ 058- \_\_\_\_\_

NAME & ADDRESS OF INSURANCE COMPANY: \_\_\_\_\_

\_\_\_\_\_

### OWNER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE :(\_\_\_\_\_) \_\_\_\_\_ CELL :(\_\_\_\_\_) \_\_\_\_\_

### PERMIT INFORMATION

PERMIT NUMBER: \_\_\_\_\_ PROJECT START DATE: \_\_\_\_\_

COST OF PROJECT: \$ \_\_\_\_\_ COST OF PERMIT: \$ \_\_\_\_\_

TYPE OF WORK TO BE DONE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I am the person listed above and that the information is true and correct to the best of my belief.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Official Title \_\_\_\_\_