

Kankakee County Contractor Registration Program Contractor Registration Form FOR OFFICE USEONLY

Please Print Company Name Business Add. City State Contact Person	Zip Code	Reg. Paid Date Registration Exp. Liability Ins. Exp. Work Comp Waived Work Comp Exp. Surety Bond Exp.
Phone Number ()		Form of Payment Check Cash
Fax Number ()		
Cell Number ()		Assigned Registration #
E-mail		
Check Your Trades		
Carpentry Concrete Damp/Water Proofing Demolition Drywall Electrical	Elevator/ Lift Excavating Fencing Fire Alarm/Sprinkler General Contractor HVAC	Insulation/Ventilation Masonry Pool Installation Pole Bldg Sign Installation Other
Trades Requiring State Licenses/Registrations		
Lawn Sprinklers State Registration #Roofing State Registration #		
The Illinois Department of Public Health regulates the following trades and the licensing fee is waived. A Certificate of Insurance meeting the Kankakee County Contractor Registration Ordinance requirements must be submitted along with your completed application and copies of your state license and/or registration.		
Mobile Home Installer		State License #
Plumbing State Registra	ation #	State License #
The applicant hereby states that he/she agrees to comply with all applicable ordinances, codes and regulations of Kankakee County. The applicant further states that he/she is authorized to sign this application on the behalf of the contractor or subcontractor listed above.		
Position in Business Sign	ature of Owner or Authorized Age	nt Date

Along with this completed application: (please submit the following documents showing Kankakee County as the holder)

- 1. **Bond-**\$10,000 License and Permit Surety Bond issued by a State of Illinois approved & authorized insurer. The original signed bond must be on file for your registration to be completed.
- 2. Insurance-Certificate of Insurance that includes 10 days prior written notice of cancellation provision, \$1,000,000 General Liability, \$50,000 Property Damage and \$100,000 Workers' Compensation. All insurance policies must be issued by a company or companies approved and authorized to provide insurance in the State of Illinois and such insurance shall provide coverage in the State of Illinois.
 - IF YOU HAVE NO EMPLOYEES, please request a "No Employee Affidavit". The "No Employee Affidavit" must be submitted to waive the Workers' Comp requirement.
- 3. **Fee-**\$100 payable to the Kankakee County Treasurer

Please return your completed application to the Kankakee County Planning Department at 189 E. Court St., Kankakee, IL. 60901

Contractor's Registration is valid one (1) year from date payment is received

Any questions: Contact the Contractor Registration Coordinator at (815) 936-5550 or Fax (815) 937-2974