



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

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

2023 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 (Certificate holder is: City of Bloomington 115 E Washington St Bloomington IL 61701)
 - **\$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 #:	
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 – ECONOMIC & COMMUNITY DEVELOPMENT DEPARTMENT
ATTN: CONTRACTOR REGISTRATION
P.O. BOX 3157, BLOOMINGTON, IL 61702-3157

ON OR BEFORE DECEMBER 31, 2022

Failure to renew by January 31, 2023, 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).

- | | |
|---|---|
| <input type="checkbox"/> Commercial/Business/Office Bldg. | <input type="checkbox"/> Concrete/Masonry |
| <input type="checkbox"/> Residential Building | <input type="checkbox"/> Roofing State License #: <u>submit copy</u> |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Fire Protection |
| <input type="checkbox"/> Siding/Windows | <input type="checkbox"/> Asbestos Removal: License # (submit copy) |
| <input type="checkbox"/> Pools | <input type="checkbox"/> Other... _____ |

FOR OFFICE USE ONLY.

Account #:	Bill #
Fee: \$	

DO NOT FAX

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