

**CONTRACTOR/SUB-CONTRACTOR LICENSE APPLICATION**

Village of South Chicago Heights  
3317 Chicago Road P.O. Box 770  
South Chicago Heights, IL 60412  
Phone: (708)755-1880 Fax: (708)755-1881

ALL REQUIREMENTS LISTED BELOW NO. 1 thru 4 MUST BE ON A CERTIFICATE OF INSURANCE.  
SURETY BOND MUST ALSO BE SUBMITTED.  
APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL DOCUMENTATION IS RECEIVED.

**INSURANCE REQUIREMENTS:**

1. Comprehensive automobile liability in the sum of \$500,000 bodily injury per person, \$1,000,000 bodily injury per accident, \$500,000 property damage each occurrence and \$1,000,000 bodily injury and property damage combined each occurrence.
2. Workers compensation in the statutory limits with the employer's liability in the sum of \$500,000 bodily injury per person.
3. Comprehensive general liability in the sum of \$1,000,000 bodily injury each occurrence, \$1,000,000 bodily injury aggregate, \$500,000 property damage per occurrence and \$1,000,000 property damage aggregate.
4. Notice of cancellation of the policy will be given to the Village Clerk at least 30 days before such cancellation is effective.
5. \$10,000 Surety bond

**\$150.00 LICENSE APPLICATION FEE**

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature/Type of Business: \_\_\_\_\_

Has applicant ever been refused a license elsewhere or had a previous license revoked?

Yes \_\_\_ No \_\_\_ If so, please explain \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*APPLICANT/BUSINESS AGREES TO OBSERVE ALL VILLAGE ORDINANCES\*\*\*\*\*

Please print the following information:

Owner's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Applicant's Title \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_