



Office Use Only
License Number: _____

CITY OF LASALLE

CONTRACTOR LICENSE APPLICATION

745 2nd Street, LaSalle, IL 61301 Tel. (815) 223-6344 – Fax. (815)-223-9508

PLEASE NOTE: ALL CONTRACTORS WORKING WITHIN THE CITY LIMITS MUST HAVE A CURRENT LICENSE.

Business Name:		
Mailing Address (No P.O. Box)		
City, State, Zip Code	Phone #	Fax #
Contact Name:	Cell #	
Type of Contractor:	Email Address:	

THE CITY OF LASALLE WILL NOT ACCEPT FAX COPIES OF THE FOLLOWING DOCUMENTATION:
REQUIREMENTS (ORIGINALS ONLY)

Please mail all requirements together (INCOMPLETE APPLICATION WILL BE SENT BACK):

- APPLICATION FEE: \$100.00/12 Month License
- LICENSE AND PERMIT BOND: \$10,000.00
- CERTIFICATE OF INSURANCE

Workman's Compensation Ins:
\$500,000.00 Each Accident
\$1,000,000.00 Policy Limit

Liability-Bodily Injury:
\$100,000.00 Per Single Instance
\$300,000.00 Per Occurrence

Liability-Property Damage:
\$25,000.00 Minimum

- COPY OF LICENSE:
 - State Roofer's License
 - Electrical License

Please sign here if you are the only employee

City of LaSalle to be named as additional insured. Certificate must bear endorsement that insurance may not be cancelled by the insurer with at least ten (10) days prior written notice to the City. Cancellation of such insurance will cause automatic revocation of the permit.

Applicant's Signature

Date of Application

Office Use Only
Date Issued: _____
Expiration Date: _____

ATTENTION: BOND ISSUE MUST BE PRIOR TO CONTRACT DATE