

City of Streator
204 South Bloomington Street
Streator, Illinois 61364
Phone: 815/672-2517
Fax: 815/672-7566



CONTRACTOR REGISTRATION APPLICATION

Yes No Is this application for a contractor who will be doing plumbing or roofing work?
If YES complete both sections 1 and 2.
If NO complete only section 1

SECTION 1 – APPLICANT INFORMATION

Business or Person's Name: _____

Address: _____

City, State, & Zip: _____ Cell #: _____

Type of Business: _____ Telephone #: _____

Federal Employee Identification # (FEIN): _____

Email: _____

Liability Insurance Information:

A copy of your liability insurance showing the City of Streator as an additional insured is required before a license will be issued.

Insurance Carrier: _____

Policy Number: _____

Term of Insurance: _____

Amount of General Liability Coverage: \$ _____

SECTION 2 – ROOFING INFORMATION

State of Illinois License Information: (State License Info. Required for Roofers ONLY)

Copy of State Roofing License is Required

State of Illinois License Number: _____

Date of License Expiration: _____

Contractor registration runs from October 1st and ending September 30th each year.
THE APPLICANT IN THIS SECTION MUST BE ABLE TO SHOW THIS PERMIT TO AN INSPECTOR OR THE ISSUED REGISTRATION AND PERMIT CERTIFICATE.

Fees: \$100.00 Contractor Registration

Date Paid: _____ Received by: _____

----- FOR OFFICE USE -----

Yes No Roofing License verified on www.idfpr.com by: _____

Approvals: Contractor Registration Approved

By: _____ Title: _____ Date: _____