

**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 #: \_\_\_\_\_

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 1<sup>st</sup> and ending September 30<sup>th</sup> 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.ildpr.com by: \_\_\_\_\_

Approvals:  Contractor Registration Approved

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_