

City of Marseilles
209 Lincoln Street
Marseilles, IL 61341
(815) 795-2133

**ANNUAL CONTRACTOR LICENSE
APPLICATION**

Today's Date: _____

Applicants Name: _____

(Name must match driver's license)

Company Name: _____

Phone Number: _____ Fax Number: _____

Address of Contracting Company

Owner of Contracting Company _____

Phone (if different than above) _____

Email Address Required _____

Sole Ownership: _____

Partnership: _____

Corporation: _____

Other: _____

Type of Contractor: _____

Drivers License#: _____

State: _____

Please attach a copy of your driver's license

FEIN# _____

Are you certified in lead containment? [] Yes [] No
(If yes, please provide certificate)

(A contractor doing work on residences older than January 1st 1978 has to be certified in Lead Containment)

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***A Certificate of Insurance is required for the following:(Must be attached)**

- GENERAL
- LIABILITY WORKMAN\$ COMP
- COMMERCIAL AUTO INSURANCE

(Must be current and have the City of Marseilles listed)

THIS LICENSE EXPIRES ONE (1) YEAR AFTER THE DATE OF ISSUANCE

I certify that the above information is true and complete.

Signed: _____

Date: _____

Title: _____