



VILLAGE OF ARLINGTON HEIGHTS
 Department of Building & Life Safety
 33 S. Arlington Heights Rd.
 Arlington Heights, IL 60005
 Phone (847) 368-5560
 Fax (847) 368-5975
 Website: Building@vah.com

20 ____ CONTRACTOR LICENSE APPLICATION

SECTION #14-401

SOLE OWNER PARTNERSHIP CORPORATION LLC LLP NEW RENEWAL

BUSINESS OWNER'S NAME: _____ **NUMBER OF EMPLOYEES:** _____

BUSINESS NAME: _____ **FEIN:** _____

BUSINESS ADDRESS: _____
 (POST OFFICE BOXES ARE NOT PERMITTED TO BE USED ON THIS FORM).

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE #: _____ **FAX #:** _____ **CELL #:** _____

E-MAIL ADDRESS: _____

TYPE OF CONTRACTOR: _____

THIS FORM IS NOT REQUIRED FOR ELECTRICAL, PLUMBING AND FIRE ALARM CONTRACTORS.

- Roofing contractors to provide current copy of State of Illinois license.
- Demolition contractors to provide \$20,000 demolition bond in favor of the Village of Arlington Heights.
- Sewer contractors to provide \$10,000 bond in favor of the Village of Arlington Heights.

FEE:	JANUARY 1st TO DECEMBER 31st	\$130.00
	JULY 1st THRU DECEMBER 31st	\$65.00

PLEASE PROVIDE THE NAME OF THE INDIVIDUAL WHO SHALL BE THE RESPONSIBLE PARTIES FOR THE ACTIVITIES UNDERTAKEN WITHIN THE VILLAGE OF ARLINGTON HEIGHTS.

NAME: _____ **TITLE:** _____ **HOME PHONE:** _____

HOME ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

DATE OF BIRTH: _____

ATTENTION: CHECK IF YOUR COMPANY OWNERSHIP IS CLASSIFIED AS ANY OF THE FOLLOWING (check any and all that apply):

DISABLED ____ LGTBQ ____ MINORITY ____ WOMAN ____ VETERAN ____

I/WE ARE FAMILIAR WITH AND AGREE TO CONFORM TO THE BUILDING REGULATIONS OF THE VILLAGE OF ARLINGTON HEIGHTS ALONG WITH ANY ADDITIONAL NOTES WRITTEN ON THE PLANS DURING THE PLAN REVIEW PROCESS AND/OR STIPULATIONS PLACED ON THE PERMIT ISSUANCE AND ALL INSPECTIONS. BY SIGNING BELOW I/WE AGREE TO ABIDE BY ALL THE BUILDING REGULATIONS OF THE VILLAGE OF ARLINGTON HEIGHTS, AS WELL AS ANY ADDITIONAL NOTES OR STIPULATIONS PLACED ON THE PLANS AND THE PERMIT.

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL VILLAGE ORDINANCES.

HAVE YOU BEEN CONVICTED OF A CRIME EXCEPT MINOR TRAFFIC VIOLATIONS? YES NO IF YES PLEASE PROVIDE BELOW THE DATE, CITY AND STATE WHERE THE ARREST(S) TOOK PLACE, THE SPECIFIC CHARGES THAT WERE FILED AND THE DATE OF THE COURT DISPOSITION AND SENTENCE IMPOSED IF APPROPRIATE.

FALSIFICATION OR OMISSION OF ANY INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR DENIAL OR REVOCATION.

SIGNATURE OF APPLICANT _____ **TITLE:** _____ **DATE:** _____

CONTROL # _____

IF PAYING BY PHONE PLEASE PROVIDE THE FOLLOWING INFORMATION: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

NAME ON CARD: _____ **CREDIT CARD #:** _____ **EXP. DATE:** _____