VILLAGE of MAYWOOD
BUILDING & CODE ENFORCEMENT DEPARTMENT
40 Madison Street. Maywood, IL. 60153
PH: (708) 450-4405 FAX: (708) 450-4483
Codedept@maywood-il.org

OFFICE USE ONLY
Date Filed _____
Reg. No._____

APPLICATION FOR MAYWOOD CONTRACTOR LICENSE

I hereby make application for a license as a contractor in Maywood under the provisions of Maywood Village Code Section 111.03.

PART 1 – BUSINESS IDENTITY

Business Trade (Working as):

- ☐ General Contractor
- ☐ Electrical Contractor
- ☐ HVAC Contractor
- ☐ Landscaper/Tree Removal
- ☐ Lead based Paint Removal (USEPA Cert.)
- ☐ Masonry/Tuck Pointing
- ☐ Roofing/General Contractor
- ☐ Roofing
- ☐ Wrecking Contractor
- ☐ Excavation Contractor
- ☐ Other _____

Name of Business: _____
Print the name under which business is conducted OR print your name and DBA if you are registered as an individual. The registration will be issued bearing the information listed above.

Business Address: _____
STREET CITY STATE ZIP

Business Phone: _____ **Fax Number:**_____ **Number of Trucks/Trailers**_____

PART 2 – BUSINESS PRINCIPALS – GIVE COMPLETE IDENTIFYING INFORMATION ON ALL OWNERS

Owners, Corporation, or LLC Name _____

Owners, Corporation, or LLC Address _____
STREET CITY STATE ZIP

Principal Phone (___)_____ Emergency Contact (____)_____

Owners Driver's Lic # _____ State License # _____
(IF APPLICABLE)

PART 3 FEE SCHEDULE

CONTRACTOR TYPE	INFORMATION REQUIRED	FEE
General Contractor	$5,000 Bond; Certificate of Liability Insurance	$100
Electrical Contractor	$10,000 Bond; Certificate of Liability Insurance; License for a Testing Municipality or City of Chicago	$100
Roofing Contractor	$5,000 Bond; Certificate of Liability Insurance; State License; Driver's License	$100
Roofing Contractor/ General Contractor	$5,000 Bond; Certificate of Liability Insurance; State License; Driver's License	$100
Excavation/Wreckers*	$20,000 Bond; Certificate of Liability Insurance	$100.00

***Excavation in the public right of way requires a $10,000 restoration bond.**

FOR OFFICE USE ONLY

Contractor Fee $_____
Bond Expiration Date ___/___/20___
State License Expiration Date ___/___/____
Contractor License #_____

PAYMENT STAMP

White – FILE Yellow – APPLICANT Pink – FINANCE