

2011 – 2012
CITY OF EAST MOLINE, ILLINOIS
CONTRACTOR REGISTRATION FORM

Type of Contractor:

Business Name:

Mailing Address:

City/State/Zip:

Business Phone:

Cell Phone:

Federal Tax ID (for Corporations Only)

Type of Ownership:

Sole Proprietor

Corporation

Partnership

Owner: (Officer if Corporation)

Address:

City/State/Zip

EMAIL ADDRESS:

Employees or officers authorized to purchase permits as representatives for your company. (Please Note: Anyone who is not listed below will not be allowed to purchase a permit for your company; Also, Note: Sub Contractors shall not be considered as authorized agents.)

Name:
Name:
Name:
Name:

There is a \$60.00 REGISTRATION FEE required for all contractors.

Date Registration Submitted _____

\$60.00 Registration Fee Paid By: Check ___ (# _____) Cash _____

The undersigned certifies that all the information in this statement, and all information furnished in support of the statements are true and complete to the best of their knowledge and belief. Failure to comply with the conditions of this registration will result in revocation of the registration and cancellation of all active permits.

Registration valid June 1st, 2011 ~ May 31st, 2012

Signature

Title

Date

East Moline

CONTRACTOR REGISTRATION REQUIREMENTS

Any person, firm or corporation doing business as a contractor in the City of East Moline shall register annually with the Inspection Department. For registration you will need to have the following items - partial packets are not acceptable.

1. An East Moline Continuous Code Compliance Bond in the amount of \$10,000 for **all Contractors.**
2. Completed Registration Form. (You must be sure and sign the bottom of the form.)
3. A Certificate of Insurance for the duration of the registration must be obtained and maintained for public liability and property damage insurance with a minimum of \$100,000 for each occurrence of property damage; and \$300,000 for each occurrence of personal injury or bodily harm.
4. Proof of Workers Compensation Insurance or that you are an approved self-insurer of Worker's Compensation. (Proof shall either be a Certificate of Insurance from the insurance provider or the Certificate of Approval from the Illinois Industrial Commission)...OR...If you are a sole proprietorship or partnership then you will not be required to provide proof of Worker's Compensation Insurance, however, must provide a notarized Sworn Statement that you have no employees.
5. The fee for registration shall be Sixty Dollars (\$60.00) and shall be valid for one (1) year - due on or before June 1st.
6. Copy of Applicable License: (Roofing license is required for General Contractors if roofing is included in work performed. All Plumbing, Mechanical, Electrical and Fire Related Contractors **must** supply a copy of their license as part of their registration.)

NOTE:

- Mail-in permit applications are accepted from Mechanical, Electrical and Plumbing Contractors only. The City must receive applications before work is begun.
- If for any reason, the aforementioned items should lapse during that registration year, you must reapply for registration including payment of an additional Sixty Dollar (\$60.00) registration fee.
- Complete registration packets are required. Do not bring your registration to the Inspections Department until it is complete and ready to be put on file.
- If you have any questions regarding your registration, please call Theresa, Dawn or Amy @ 752-1599 for more information.



CONTRACTORS CODE COMPLIANCE BOND

BOND # _____

KNOW ALL MEN BY THESE PRESENTS: That _____
(Last Name/First Name) OR (Corporation Name)

DBA: _____

Address: _____ City _____ State _____

And principal, and _____
(Name of Bonding Agency)

as surety, of _____ are held and firmly bound unto the City of East Moline, Illinois, in the sum of Ten Thousand Dollars (\$10,000) lawful money of the United States, to be paid unto the said City of East Moline, its successors or assigns for which payment, well and truly be made, we jointly and severally bind ourselves, and each of us, firmly by these presents.

Dated this _____ Day of _____ A.D. 20_____.

The conditions of these obligations are such, that

WHEREAS, the above principal, _____ has been granted by the City of East Moline, a license to carry on the business for: _____ in said City accordance with the provisions of Chapter 4 of the East Moline Code of Ordinances, and all amendments thereto, which said Chapter provides for the licensing of: _____.

NOW, THEREFORE, if the above principal _____ shall and will faithfully perform any and all duties of whatsoever nature required by the said Ordinance, as well as, any and all ordinances regulating the _____ within the City of East Moline, and shall and will promptly pay to the City of East Moline, any and all sums and amounts due, or that may become due or owing by reason of, and under the terms and conditions of said Chapter 4, or any other ordinances regulating the business of _____ within the City of East Moline, then this obligation to be null and void, otherwise to remain in full force and virtue.

Binding oneself, in the penal sum of \$10,000 with the surety to the approval of authorized authority, conditioned for the performance of its contractual work, in accordance with provisions of this bond for all work performed under said license and for the faithful compliance with the provisions of Chapter 4 of the East Moline Code of Ordinances. This bond is a continuous bond and shall remain in full force and effect until canceled by notice. The surety shall have the right to cancel this bond for future liability upon thirty (30) days written notice to the City of East Moline.

WITNESS our hands this _____ Day of _____ A.D. 20_____.

Signed By: _____
Principal's Name
(If Corporation, Executive Title by Name)

Signed By: _____ (Surety)
SEAL
Agency Name, Address and Phone



SWORN STATEMENT

FOR: _____
Print Company/Individual Name

I certify that I presently have no employees and will not hire any employees to perform work in the City of East Moline during the duration of this registration unless I obtain Workman's Compensation Insurance and provide proof of such insurance to the City of East Moline.

Signature	Title	Date
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State of Illinois

County of Rock Island

I, _____ a Notary Public in and for said county, in the State aforesaid, do hereby certify that _____, personally known to me to be the same person whose name is subscribed to the foregoing instrument as the principal therein, appeared before me this day in person and acknowledge he signed, sealed, and delivered the said instrument as his free voluntary act for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this _____ day of _____, A.D., 20____.

Notary Public