

**2011-2012**  
**CITY OF EAST MOLINE, ILLINOIS**  
**PLUMBING CONTRACTOR**  
**FILING 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 \_\_\_\_\_

LICENSE NUMBERS:      055- \_\_\_\_\_      058- \_\_\_\_\_

(Both numbers needed for valid registration.) \_\_\_\_\_

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.)

Name:
Name:
Name:
Name:

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

Date Filing Form Submitted \_\_\_\_\_

\$60.00 Filing 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 filing form will result in revocation of working privileges and cancellation of all active permits.

**Form Valid June 1<sup>st</sup>, 2011 – May 31<sup>st</sup> 2012**

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_