

VILLAGE OF COAL CITY
515 South Broadway
Coal City, Il 60416
815-634-8608
FAX: 815-634-2487

CONTRACTOR REGISTRATION

Date: _____ VALID FROM JAN. 1 THRU DEC. 31

Business Name: _____ Sole Ownership
Address: _____ Partnership
City: _____ State: _____ Zip: _____ Corporation
Phone: _____ Fax: _____ Other
E-Mail: _____

Applicant's Name: _____
Address: _____ Driver's Lic #: _____
City: _____ State: _____ Zip: _____
Type of Contractor: _____ IL. License Plate #: _____
Number of Employees: _____ FEIN #: _____
References: _____

Other cities licensed or registered in: _____

Insurance Agent: _____

General Liability: _____ Phone: _____

Workman's Compensation: _____ Phone: _____

Auto Insurance: _____ Phone: _____

I understand the Village of Coal City Building Codes and Inspection Requirements.

Signed: _____

City Use Only: _____ Registration #: _____
License _____ Liability _____ Auto _____