

CONTRACTOR'S BUSINESS LICENSE APPLICATION

101 Schaumburg Ct., Schaumburg, IL 60193-1899 PHONE 847.923.4420 FAX 847.923.2444

PLEASE PRINT OR TYPE Business Name: Business Address: City: State: Zip Code: Phone: Fax: Type of Business: E-mail Address: Corporate Name: (If other than business name) Is Applicant: Association Partnership Individual **Public** Private If a Corporation: If applicant is an individual, list owner only. If applicant is a corporation, partnership, or association, list all principal officers. Name: Home Address: City: State: Zip Code: Position with firm: Phone: Name: Home Address: City: State: Zip Code: Phone: Position with firm: If there are additional partners or principals, attach the above information on a separate sheet of paper. State and date of incorporation: I/We understand the issuance of this license is conditional upon compliance with all village ordinances, state and federal law, and the results of any inspections required by ordinance at this time and any further inspections while this license is in force. I/We hereby authorize the Village of Schaumburg by its agents to make inquiries into my/our character, credit, and background, in order to approve or deny this license application. \$118 FEE MUST ACCOMPANY THIS APPLICATION (\$64 FEE IF PAID AFTER JUNE 30TH) NO BOND OR INSURANCE IS REQUIRED. Signature: Date: Position with firm:

If the contractor is an electrician, please include a copy of the Illinois Electrical Registration.