

City of Marseilles  
200 Riverfront Dr.  
Marseilles, IL 61341  
(815) 795-2133

**ANNUAL CONTRACTOR LICENSE  
APPLICATION**

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Today's Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

(Name must match driver's license)

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address of Contracting Company  
\_\_\_\_\_

Owner of Contracting Company \_\_\_\_\_

Phone (if different than above) \_\_\_\_\_

Email Address Required \_\_\_\_\_

Sole Ownership: \_\_\_\_\_

Partnership: \_\_\_\_\_

Corporation: \_\_\_\_\_

Other: \_\_\_\_\_

Type of Contractor: \_\_\_\_\_

Drivers License#: \_\_\_\_\_

State: \_\_\_\_\_

**Please attach a copy of your driver's license**

FEIN# \_\_\_\_\_

Are you certified in lead containment?  Yes  No  
(If yes, please provide certificate)

(A contractor doing work on residences older than January 1<sup>st</sup> 1978 has to be certified in Lead Containment)

**F E E : \$ 1 0 0 . 0 0**

City of Marseilles  
209 Lincoln Street  
Marseilles, IL 61341  
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**\*A Certificate of Insurance is required for the following:(Must be attached)**

- GENERAL
- LIABILITY WORKMAN\$ COMP
- COMMERCIAL AUTO INSURANCE

**(Must be current and have the City of Marseilles listed)**

THIS LICENSE EXPIRES ONE (1) YEAR AFTER THE DATE OF ISSUANCE

I certify that the above information is true and complete.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_