



# Village of Hodgkins

## CONTRACTOR REGISTRATION FORM

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### TYPE OF CONTRACTOR

MARK ALL THAT APPLY

- |   |   |
|---|---|
| <input type="checkbox"/> Concrete Contractor          | <input type="checkbox"/> HVAC Contractor    |
| <input type="checkbox"/> Electrical Contractor        | <input type="checkbox"/> Paving Contractor  |
| <input type="checkbox"/> Fire Alarm Contractor        | <input type="checkbox"/> Plumber            |
| <input type="checkbox"/> Fire Extinguisher Contractor | <input type="checkbox"/> Roofing Contractor |
| <input type="checkbox"/> Fire Sprinkler Contractor    | <input type="checkbox"/> Sign Contractor    |
| <input type="checkbox"/> General Contractor           | <input type="checkbox"/> Other: _____       |

Residential:    New    Remodel    Accessory  
Commercial:    New    Remodel    Accessory

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### CONTRACTOR INFORMATION

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
LICENSE/REGISTRATION #: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_  
ADDRESS (MAILING): \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### CERTIFICATE OF LIABILITY

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COPY ON FILE:    YES:     NO:   
LIABILITY \$1,000,000.00    EXPIRATION: \_\_\_\_\_  
CERTIFICATE HOLDER:    **VILLAGE OF HODGKINS**

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