



Kankakee County Contractor Registration Program

Contractor Registration Form

FOR OFFICE USE ONLY

Please Print

Company Name _____

Business Add. _____

City _____ State _____ Zip Code _____

Contact Person _____

Phone Number () _____

Fax Number () _____

Cell Number () _____

E-mail _____

Reg. Paid Date _____

Registration Exp. _____

Liability Ins. Exp. _____

Work Comp Waived _____

Work Comp Exp. _____

Surety Bond Exp. _____

Form of Payment
Check _____ Cash _____

Assigned Registration # _____

Check Your Trades

<input type="checkbox"/> Carpentry	<input type="checkbox"/> Elevator/ Lift	<input type="checkbox"/> Insulation/Ventilation
<input type="checkbox"/> Concrete	<input type="checkbox"/> Excavating	<input type="checkbox"/> Masonry
<input type="checkbox"/> Damp/Water Proofing	<input type="checkbox"/> Fencing	<input type="checkbox"/> Pool Installation
<input type="checkbox"/> Demolition	<input type="checkbox"/> Fire Alarm/Sprinkler	<input type="checkbox"/> Pole Bldg
<input type="checkbox"/> Drywall	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Sign Installation
<input type="checkbox"/> Electrical	<input type="checkbox"/> HVAC	<input type="checkbox"/> Other

Trades Requiring State Licenses/Registrations

Lawn Sprinklers State Registration # _____ Roofing State Registration# _____

The Illinois Department of Public Health regulates the following trades and the licensing fee is waived. A Certificate of Insurance meeting the Kankakee County Contractor Registration Ordinance requirements must be submitted along with your completed application and copies of your state license and/or registration.

Mobile Home Installer State License # _____

Plumbing State Registration # _____ State License # _____

The applicant hereby states that he/she agrees to comply with all applicable ordinances, codes and regulations of Kankakee County. The applicant further states that he/she is authorized to sign this application on the behalf of the contractor or subcontractor listed above.

Position in Business _____ Signature of Owner or Authorized Agent _____ Date _____

Along with this completed application: **(please submit the following documents showing Kankakee County as the holder)**

- Bond**-\$10,000 License and Permit Surety Bond issued by a **State of Illinois approved & authorized insurer**. The original signed bond must be on file for your registration to be completed.
- Insurance**-Certificate of Insurance that includes **10 days prior written notice of cancellation provision, \$1,000,000 General Liability, \$50,000 Property Damage and \$100,000 Workers' Compensation. All insurance policies must be issued by a company or companies approved and authorized to provide insurance in the State of Illinois and such insurance shall provide coverage in the State of Illinois.**
IF YOU HAVE NO EMPLOYEES, please request a "No Employee Affidavit". **The "No Employee Affidavit" must be submitted to waive the Workers' Comp requirement.**
- Fee**-\$150 payable to the Kankakee County Treasurer

Please return your completed application to the Kankakee County Planning Department at 189 E. Court St., Kankakee, IL. 60901
Contractor's Registration is valid one (1) year from date payment is received
Any questions: Contact the Contractor Registration Coordinator at (815) 936-5550 or Fax (815) 937-2974