All contractors and sub-contractors performing work inside the City of Wilmington must be registered with the City \textit{before any permits can be approved and/or inspections made.}

All registrations will expire on December 31 of every year.

The completed application, registration fee and all required documentation may be mailed or submitted in person to the City of Wilmington, 1165 S. Water Street, Wilmington, IL 60481, ATTN: Executive Secretary. City Hall is open 8:30 am to 4:30 pm Monday through Friday.

CONTRACTORS must have on file:
- A completed Contractor Registration form
- A copy of CURRENT liability insurance
- A copy of CURRENT Workman’s Compensation
- Copies of any State Licenses; i.e. roofing, plumbing, etc.
- A $100.00 registration fee paid for the current calendar year

If you have any questions contact us at 815-476-2175 or email jziller@wilmington-il.com.

The registration certificate and receipt will be mailed to you within one week of receiving your payment.

Thank you.
SUBMIT THE FOLLOWING:

- A completed Application for Contractor Registration form
- Payment registration fee of $100.00
- A copy of the Certificate of Liability Insurance, General Liability, with a $1,000,000 limit for each occurrence and $1,000,000 General Aggregate, listing the City of Wilmington as Certificate Holder
- Proof of Workers Compensation Insurance
- Plumbing / Irrigation Contractors must provide a copy of State of Illinois Department of Public Health Certification
- Roofing Contractors must provide a copy of State of Illinois License Certification

COMPANY INFORMATION:

Company Name: __________________________________________________________

Address: __________________________________________________________________________

City: __________ State: __________ Zip: __________

Phone No.: __________ Fax No.: __________

Email: __________________________________________________________________________

Contractor Type:  □ General  □ Asphalt  □ Electrical  □ Fencing  □ Landscaping

□ HVAC  □ Masonry  □ Plumbing  □ Roofing  □ Other ______________

OWNER INFORMATION:

Name: __________________________________________________________________________

Address: __________________________________________________________________________

City: __________________________ State: __________ Zip: __________________________

Phone No.: __________ Email: __________________________________________________________________________

I understand that this registration is based upon the information supplied on this application, is conditioned on compliance with all City ordinances (Title XI, Chapter 124), and is subject to revocation if any information is found to be false or I am found in violation of a City ordinance. Building permits must be obtained before work starts.

Signature of Applicant: __________________________ Date: __________________________

For Office Use Only

<table>
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<tr>
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<tr>
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<td>Roofing State License (copy)</td>
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<td>Plumbing/Irrigation State License (copy)</td>
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<tr>
<td>Registration fee payment</td>
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