CONTRACTOR LICENSING REQUIREMENTS

CERTIFICATE OF INSURANCE

A completed Certificate of Insurance must be submitted with this application and must include the following:

LIABILITY COVERAGE LIMITS:

• \$1 MILLION PER OCCURRENCE GENERAL LIABILITY

• \$2 MILLION GENERAL AGGREGATE

CERTIFICATE POLICY HOLDER: VILLAGE OF RIVER FOREST

400 PARK AVE

RIVER FOREST, IL 60305

Evidence of Worker's Compensation is also required. If there is no worker's compensation coverage then a rider/waiver must be signed and submitted with the completed contractor's license application. Riders/waivers are available at the Village Hall or online at http://vrf.us/contractors.

SURETY BOND

- A \$25,000 Surety Bond must be submitted with an original signature by the principal of the company (**Neither copies nor faxes will be accepted**)
- The Surety Bond must specify the trade for which the license and bond is sought. (GENERAL CONTRACTOR WILL NOT BE ACCEPTED)
- Additional trade-specific requirements must also be met (see below)

Additional Trade-Specific Requirements:

Electricians must also submit:

- A copy of his/her State of Illinois or City license
- A completed application for an electrical permit that is signed by the electrician performing the described work
- Please note that the Surety Bond must state "Electrician"

Roofers must also submit:

- A copy of his/her State of Illinois license
- Non-Structural roofing projects: A completed application for an express permit
- Structural roofing projects: A completed application for a building permit and required drawings

Contractor licensing requirements and related documents are also available on the Village's website: www.vrf.us/contractors



CONTRACTOR LICENSE APPLICATION

Village of River Forest 400 Park Avenue River Forest, IL 60305

Project Address(es):	□ Drywall □ HVAC	☐ Brick Paving	☐ Excavation☐ Roofer	☐ Fence	
Business Name:					
Business Address:					
City:	State	State:		Zip Code:	
Contact Person:		Title:			
Telephone #:	24-hour en	24-hour emergency telephone #:			
Email Address:					
***** 2010 Lead Certification (new RRP Rule) - Copy Required:			☐ Yes	□No	
Do you have liability insurance coverage?			☐ Yes	□ No	
Name of Insurance Provider:					
D 1 1	2			□ N-	
Do you have workers compensation coverage?			☐ Yes	□ No	
Name of Insurance Provider:					
THE FOLLOWING MUST AC 1. Certificate of Insurance 2. Original Surety Bond (se 3. \$125.00 License Fee INCOMPLETE OR FAXED AP	(see page 1 for more incee page 1 for more info	formation) rmation)			
TWOWN LETE ON THIRLD IN		VOI BE MEEL	TLD		
	Village Use	Only			
License Number:	_				
License Fee:		Date Paid:			
License Expiration Date:	F	Bond Expiration D	ate:		