



City of Granite City

Application for Contractor License

License # _____

Print or Type Only

Type of Business _____ EIN. # _____

Business Name _____

Business Address _____

City State & Zip _____

Telephone _____

Is there a different address for mailing?

Business Owner Information:

Name _____ D.O.B. _____

Address _____

City State & Zip _____

Telephone _____ Cell Phone _____

E-Mail Address _____ Fax _____

Manager (Local Contact) Information:

Name _____ D.O.B. _____

Address _____

City State & Zip _____

Telephone _____ Cell Phone _____

E-Mail _____ Fax _____

Type of Business (Description)

Have you ever held a business license from any other City or Village? Yes No

If yes, What City? _____ When _____

Have you ever been refused a Business License in this city or any other? Yes No

If yes When _____

What city? _____ Reason for refusal _____

Have you been convicted of a felony in the past 10 years? Yes No

Applicant: (Please attach a readable copy of Driver's License, information to be used by Police Department only)

All indebtedness to the City must be paid in full before any Business License will be issued.

**Affidavit
City of Granite City**

I _____, d/b/a _____, have completed and submitted an application for a Business License in the City of Granite City, Illinois, with the knowledge that this does not indicate that I have been licensed to operate a business. The business will not be issued licensed until all inspections have been completed and approved.

Signature

Date

Please be advised that the information you provide on this form may be subject to the Freedom of Information Act (5) ILCS 140)

For Official Use only:

License Fee: _____ License Type: _____

License valid from _____ to _____

Initial Application Renewal Application

Administrator _____ Pass Fail _____

Electrical Inspector _____ Pass Fail _____

Mechanical Inspector _____ Pass Fail _____

**BUILDING – MECHANICAL – ELECTRICAL
PLEASE COMPLETE THE FOLLOWING:**

GIVE COMPLETE RECORD

TRADE OR TECH SCHOOL _____ LOCATION _____

YEAR GRADUATED _____ COURSE(S) TAKEN _____

WORK EXPERIENCE

Present or Last Employer _____ Supervisor _____

Telephone # _____ Dates Employed _____

LIST OF REFERENCES

NAME _____ ADDRESS _____

PHONE # _____ JOB ADDRESS _____

NAME _____ ADDRESS _____

PHONE # _____ JOB ADDRESS _____

INSURANCE AND BONDING

LIABILITY INS. COMPANY
NAME/ADDRESS _____

POLICY # _____ EXP. DATE _____ (minimum of \$1,000,000.00)

SURETY BOND COMPANY NAME/ADDRESS _____

BOND # _____ EXP. DATE _____

IMPORTANT.....

CRITERIA TO SUBMIT APPLICATION: Contractors

1. This completed application submitted to Building & Zoning with valid picture ID
2. All Contractors must provide proof of liability insurance in an amount no less than \$1,000,000.00 and a Surety Bond in no less than \$20,000.00.
3. List of References
4. All criteria must be met before application will be accepted.
5. Fingerprinting must be done before license will be issued. \$25.00 non-refundable fee.
6. Once the application is submitted, the oral interview will be scheduled for Electrical & Mechanical license only.