



**VILLAGE OF BURNHAM**  
 14450 Manistee Avenue  
 Burnham, Illinois 60633  
 villageofburnham@comcast.net  
 Phone: 708-862-9150 Fax: 708-862-9155  
 Robert E. Polk- Mayor Lus E. Chavez-Clerk

License No. \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Expiration: \_\_\_\_\_  
 Fees: \_\_\_\_\_

**Contractor's License Application**

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

EIN NUMBER: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY / STATE/ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

APPLICANT/OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ STATE/ ZIP: \_\_\_\_\_

Has applicant had a license in this or another State revoked or suspended?  No  Yes

If **Yes**, state reason for suspension or revocation, city and state, and the business activity or occupation of applicant. Explain in detail: \_\_\_\_\_

Number of Vehicles owned and operated by the business: \_\_\_\_\_ Cars / \_\_\_\_\_ Trucks  
Year / Make/Model State & License No.

**Sole Owner** If applicable: Business DBA \_\_\_\_\_

Has assumed name been filed with Cook County Clerk?  No  Yes Date File: \_\_\_\_\_  
 (Submit copy of certified Certificate issued by Cook County Clerk)

Type of Business: \_\_\_\_\_

Retailers' Occupation Tax Registration No. \_\_\_\_\_

**Partnership** Number of Partners: \_\_\_\_\_ Date of Formation \_\_\_\_\_

**Illinois Corporation** Date of Incorporation \_\_\_\_\_

**Limited Liability Corporation** Date of Incorporation \_\_\_\_\_

**CONTRACTORS LICENSE APPLICATION – REQUIRED DOCUMENTS**

**General Contractor Annual Fee \$ 200.00    General Contractor ½ Year Fee \$100.00**

***\*\* Contractors Licenses are not transferable \*\****

***\*\* Contractors Licenses are not renewable-must reapply each year or six months \*\****

***\*\* Notify the Clerk’s Office of any Changes \*\****

**Sole Owner:**        **-Needed**

- \_\_\_ Copy of Assumed Certificate issued by Cook County Clerk
- \_\_\_ License Bond (payable to Village of Burnham) - \$10,000 or more
- \_\_\_ Current Liability Insurance- \$10,000.00 or more

**Partnership:**        **-Needed**

- \_\_\_ License Bond (payable to Village of Burnham) - \$10,000 or more
- \_\_\_ Current Liability Insurance- \$10,000.00 or more

**Illinois Corporation:**        **-Needed**

- \_\_\_ License Bond (payable to Village of Burnham) - \$10,000 or more
- \_\_\_ Current Liability Insurance- \$10,000.00 or more

**Limited Liability Corporation:**        **-Needed**

- \_\_\_ License Bond (payable to Village of Burnham) - \$10,000 or more
- \_\_\_ Current Liability Insurance- \$10,000.00 or more

**AFFIDAVIT**

I, (We), the undersigned Applicant, swear (or affirm) that the statements and information contained in the foregoing Business License Application are true and correct, are made upon my (our) personal knowledge, and are made for the purpose of inducing the Village of Burnham to issue the herein applied for Business License.

**Signature Required:**  **Sole Owner**

Signature	Date
Print Name	

**Signatures Required:**  **Partnership**

Signature	Date
Print Name / Title	

Signature	Date
Print Name / Title	

**\*\* All applications must be notarized \*\***

STATE OF \_\_\_\_\_ )  
 ) SS.  
COUNTY \_\_\_\_\_ )

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT \_\_\_\_\_ personally known to me to be the person(s) whose name(s) \_\_\_\_\_ subscribed to the foregoing instrument, appeared before me this day in person. Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

**(Notary Seal)**

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_

**AFFIDAVIT**

I, (We), the undersigned Applicant, swear (or affirm) that the statements and information contained in the foregoing Business License Application are true and correct, are made upon my (our) personal knowledge, and are made for the purpose of inducing the Village of Burnham to issue the herein applied for Business License.

**Signatures Required:**  **Illinois Corporation Name** \_\_\_\_\_

<b>Corporate Seal</b>
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name / Title Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name / Title Date

**Signatures Required:**  **Limited Liability Corporation** \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name / Title

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name / Title

STATE OF \_\_\_\_\_ )  
 ) SS.  
COUNTY \_\_\_\_\_ )

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**(Notary Seal)**

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_

**\*\* All applications must be notarized \*\***