



City of Wilmington
1165 S. Water Street – Wilmington, IL 60481
Phone 815.476.2175 – Fax 815.476.9782
www.wilmington-il.com

Contractor Registration Information

All contractors and sub-contractors performing work inside the City of Wilmington must be registered with the City **before any permits can be approved and/or inspections made** per [City Code Chapter 124](#).

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.



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Application for Contractor Registration

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: _____

Cell No.: _____

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 ❖❖❖❖❖

Approved by: _____

Date of Issuance: _____

Expiration Date: _____

Required Document	Received
Proof of Insurance	
Roofing State License (copy)	
Plumbing/Irrigation State License (copy)	
Registration fee payment	