



Building Department  
98 E. Third St.  
Manteno, IL. 60950  
Phone: 815-929-4803  
Fax: 815-468-8240

**REGISTRATION REQUIREMENTS:** VILLAGE # \_\_\_\_\_ - \_\_\_\_\_

- Annual fee: \$150.00 A bond is NOT required unless specified.
- Certificate of Insurance, listing the Village of Manteno as the certificate holder.  
Minimum required: General Liability - \$1,000,000.00 Property Damage: \$50,000.00  
Workman's Comp -\$100,000.00
- Plumbers & Roofers: copy of State of Illinois license
- Registration is good for one year from date of issue.

**ALL ORIGINAL DOCUMENTS ONLY - FAX NOT ACCEPTED**

**APPLICATION FOR CONTRACTOR REGISTRATION**

Business Owners Name: \_\_\_\_\_  
PRIINT

Name of Business: \_\_\_\_\_  
PRIINT

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Telephone: Business: ( ) \_\_\_\_\_  
Mobile: ( ) \_\_\_\_\_  
Fax: ( ) \_\_\_\_\_

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

I/We are familiar with the provisions of the Building Regulations of the Village of Manteno and agree to conform to their requirements including the scheduling of inspections of our work as indicated on each permit inspection sheet. Inspectors have 3 working days to complete an inspection. There will be a \$50.00 charge for each re-inspection and a \$100.00 fine for inspections not called in.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

**OFFICE USE**

Payment Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Charge: \_\_\_\_\_

**TURN OVER** →

**Fill out if you DO NOT HAVE Workmen's Compensation**

**AFFIDAVIT OF EMPLOYMENT**

Name: \_\_\_\_\_  
Print

**CERTIFICATION**

I hereby certify that, I will be the only employee of my business providing the service(s) outlines and described in the Village of Manteno Contractor Registration Application.

If the services of the other paid or unpaid employees performing work under my control are used, I acknowledge that I am required by the Village of Manteno to submit proof of Workers' Compensation Insurance. Any subcontractor under my authority with paid or unpaid employees performing work listed on the building permit application will be required by the Village of Manteno to submit proof of Workers' Compensation Insurance.

I acknowledge that if I am found in violation of Illinois Workers' Compensation Act 820 ILCS 305, that my Village of Manteno Contractor's Registration may be suspended or revoked.

I have read and understand the requirements set forth on this Affidavit and ask to be excluded from obtaining Workers' Compensation Insurance.

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

Notary Stamp

This form must be **signed before a Notary Public** to be valid for the use of Workers' Compensation insurance exclusion. Faxed copies will not be accepted. The Village has a notary on staff at:

Village Hall • 98 E. Third St. • Manteno, IL. 60950