

**CONTRACTOR LICENSE APPLICATION
VILLAGE OF RIVER FOREST
400 PARK AVENUE
RIVER FOREST, IL 60305**

\ **Contractor: WASTE DISPOSAL**

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone #: _____ 24-hour emergency telephone #: _____

Email Address: _____

Do you have liability insurance coverage? YES _____ NO _____

Name of Insurance Provider: _____

Do you have workers compensation coverage? YES _____ NO _____

Name of Insurance Provider: _____

THE FOLLOWING MUST ACCOMPANY THIS COMPLETED APPLICATION:

- 1. CERTIFICATE OF INSURANCE (see back page for more information)**
- 2. ORIGINAL SURETY BOND (see back page for more information)**
- 3. \$1000.00 LICENSE FEE**

INCOMPLETE OR FAXED APPLICATIONS WILL NOT BE ACCEPTED

OFFICE USE ONLY

LICENSE # _____

LICENSE FEE \$1000.00 DATE PAID _____

LICENSE EXP DATE _____ BOND EXP DATE _____

CERTIFICATE OF INSURANCE

SUBMIT CERTIFICATE OF INSURANCE WITH THIS APPLICATION

LIABILITY COVERAGE LIMITS: **\$1 MILLION PER OCCURRENCE**
GENERAL LIABILITY

\$2 MILLION
GENERAL AGGREGATE

EVIDENCE OF WORKER'S COMPENSATION ALSO REQUIRED—IF NONE, THEN A RIDER/WAIVER MUST BE SIGNED (RIDER CAN BE OBTAINED AT THE VILLAGE HALL)

THE VILLAGE OF RIVER FOREST MUST BE LISTED AS THE CERTIFICATE HOLDER ON THE CERTIFICATE OF INSURANCE.

SURETY BOND

SUBMIT **ORIGINAL** SIGNED \$25,000 SURETY BOND (COPIES WILL NOT BE ACCEPTED WITH THIS APPLICATION). SURETY BOND MUST **SPECIFY** TRADE FOR WHICH LICENSE AND BOND IS APPLIED FOR.

CONTACT THE VILLAGE AT (708) 366-8500 WITH ANY QUESTIONS.