



General Contractor License - Application

Please Type or Print Legibly—Refer to Instructions on Pages 7 & 8

Section 1 - Applicant Information

Applicant Name: _____

Company Name: _____

Principal Office Address (no PO Box): _____

City/State/Zip: _____

Business Phone Number: _____ / _____ Emergency Phone Number: _____ / _____

E-mail Address (required): _____ Tax Payer ID for Corp. LLC: _____

Local Office Address (if different from principal office): _____

Please check appropriate box for your type of business structure:

Corporation Limited Liability Company

Corporations and LLC's:

State of Incorporation: _____ Date Incorporated: _____

Partnership Individual Doing Business Under An Assumed Name

Individual / Sole Proprietor Other: _____

Please check the appropriate license classification. (Choose only one):

<u>License Type</u>	<u>Dollar Limit Per Contract Project</u>	<u>Annual License Fee</u>
<input type="checkbox"/> Class A.....	(No Limit).....	\$3,500
<input type="checkbox"/> Class B.....	\$20,000,000.....	\$1,800
<input type="checkbox"/> Class C.....	\$10,000,000.....	\$1,300
<input type="checkbox"/> Class D.....	\$4,000,000.....	\$900
<input type="checkbox"/> Class E.....	\$500,000.....	\$300

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Section 2 - Disclosures

In the area provided below, please list individually the applicant and all required members according to the business structure.

Social Security number and date of birth of each person listed are required.

If the Applicant is a Corporation:

*List the name, residence address and residence telephone number of all officers, directors, the corporate secretary and the registered agent. Attach Certificate of Good Standing from Illinois Secretary of State; attach General Contractor's License Affidavit for each corporate officer and for any person owning 25% or more of the corporation; including applicant. Attach a separate sheet if necessary.

If the Applicant is a Limited Liability Company:

*List the name, residence address and residence telephone number of the managing member and any person owning 25% or more of the corporation; including the applicant. Attach Certificate of Good Standing from Illinois Secretary of State; attach General Contractor's License Affidavit for the managing member and for any person owning 25% or more of the corporation; including applicant. Attach a separate sheet if necessary.

If the Applicant is an Individual/Sole Proprietor or Individual doing business under an assumed name (DBA):

*Attach completed General Contractor's License Affidavit for each owner of 25% or greater of the business, including applicant. (Attach a copy of the assumed name certificate issued by the County Clerk if applicable.)

If the Applicant is a Partnership:

*General Partnerships must list all partners. Limited Partnerships and Limited Liability Partnerships must list General Partners and any partner with a 25% or greater ownership interest. List their name, residence address and residence telephone number. Attach General Contractor's License Affidavit for each partner and for any person owning 25% or more of the partnership; including applicant. (Attach a copy of the assumed name certificate issued by the County Clerk if applicable.) Attach a separate sheet if necessary. Limited Partnerships must also submit a Certificate of Existence from the Illinois Secretary of States.

ALL FIELDS BELOW MUST BE COMPLETED. LICENSE WILL NOT BE ISSUED WITH INCOMPLETE INFORMATION.

Name: _____
Last Name _____ First Name _____ M.I. _____

Title: _____ SSN#: _____ Date of Birth: _____ / _____ / _____

Residence Address: _____ City: _____ St.: _____ Zip: _____

Contact Phone Number: _____ / _____ E-mail Address: _____

Name: _____
Last Name _____ First Name _____ M.I. _____

Title: _____ SSN#: _____ Date of Birth: _____ / _____ / _____

Residence Address: _____ City: _____ St.: _____ Zip: _____

Contact Phone Number: _____ / _____ E-mail Address: _____

Name: _____
Last Name _____ First Name _____ M.I. _____

Title: _____ SSN#: _____ Date of Birth: _____ / _____ / _____

Residence Address: _____ City: _____ St.: _____ Zip: _____

Contact Phone Number: _____ / _____ E-mail Address: _____

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Name: _____
Last Name _____ First Name _____ M.I. _____

Title: _____ SSN#: _____ Date of Birth: ____ / ____ / ____

Residence Address: _____ City: _____ St.: _____ Zip: _____

Contact Phone Number: _____ / _____ E-mail Address: _____

Name: _____
Last Name _____ First Name _____ M.I. _____

Title: _____ SSN#: _____ Date of Birth: ____ / ____ / ____

Residence Address: _____ City: _____ St.: _____ Zip: _____

Contact Phone Number: _____ / _____ E-mail Address: _____

Name: _____
Last Name _____ First Name _____ M.I. _____

Title: _____ SSN#: _____ Date of Birth: ____ / ____ / ____

Residence Address: _____ City: _____ St.: _____ Zip: _____

Contact Phone Number: _____ / _____ E-mail Address: _____

Section 3 - Previous Business Addresses

List all previous office addresses from which the applicant has engaged in general contracting during the last five years.

1. Address/City/State/Zip: _____ From: ____ / ____ / ____ to ____ / ____ / ____
2. Address/City/State/Zip: _____ From: ____ / ____ / ____ to ____ / ____ / ____
3. Address/City/State/Zip: _____ From: ____ / ____ / ____ to ____ / ____ / ____
4. Address/City/State/Zip: _____ From: ____ / ____ / ____ to ____ / ____ / ____

Section 4 - Services

Describe the work and services that the applicant will provide:

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Section 5 - Proof of Insurance

Include a certified copy of the insurance certificate **naming the City of Chicago as an additional insured**, the current A.M. Best rating showing credit rating of B+ or higher and the following information. (Refer to **Section 6** for proof of insurance instructions)

Name of insurance company: _____

Insurance company address: _____

Insurance company phone number: _____

Insurance certificate number or policy number: _____

Date certificate or policy was issued: _____ / _____ / _____

Expiration Date: _____ / _____ / _____

Section 6 - Proof of Insurance Instructions

Prior to the issuance of a general contractor license, each applicant shall furnish a certificate of insurance, issued by an insurer authorized to insure in Illinois, with a credit rating of B+ or higher by A.M. Best Company, evidencing commercial general liability insurance, as follows:

(A) If the applicant is applying for a Class A license: limits of not less than \$5,000,000 per occurrence (primary or umbrella) for bodily injury and property damage arising in any way from the issuance of the license;

(B) If the applicant is applying for a Class B license: limits of not less than \$3,000,000 per occurrence (primary or umbrella) for bodily injury or property damage arising in any way from the issuance of the license;

(C) If the applicant is applying for a Class C license; limits of not less than \$2,000,000 per occurrence, combined single limit for bodily injury or property damage arising in any way from the issuance of the license;

(D) If the applicant is applying for a Class D license: limits of not less than \$2,000,000 per occurrence, combined single limit, for bodily injury or property damage arising in any way from the issuance of the license;

(E) If the applicant is applying for a Class E license: limits of not less than \$1,000,000 per occurrence for bodily injury or property damage arising in any way from the issuance of the license.

Each policy of insurance required under this section shall include a provision requiring 30 days' advance notice to the commissioner prior to cancellation or lapse of the policy. The licensee shall maintain the insurance required under this section in full force and effect for the duration of the license period. A single violation of this section shall result in suspension or revocation of the general contractor license in accordance with section 4-4-280 of this code. Each policy of insurance required under this section shall have the City of Chicago as an additional insured on a primary, non-contributory basis.

THE CERTIFICATE MUST STATE THAT THE NOTICE WILL BE SENT TO:

**City of Chicago
General Contractor License
P.O. Box 388249
Chicago, Illinois 60638-8249**

YOU ARE REQUIRED TO LIST THE CITY OF CHICAGO AS AN ADDITIONAL INSURED.

YOU MUST PROVIDE A NEW INSURANCE CERTIFICATE AT LEAST 14 DAYS BEFORE YOUR INSURANCE EXPIRES.

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Section 7 - General Contractor's License Affidavit (Required for first time applications and renewals)

Any change in any of the facts stated in this application shall be reported to the Commissioner of the Department of Buildings within 14 days of the effective date of such change. Failure to comply with this requirement is grounds for license revocation. **Mail any changes, including all renewed and/or amended insurance certificates, to the following address:**

**City of Chicago
General Contractor License
P.O. Box 388249
Chicago, IL 60638-8249**

Under the penalty of perjury, I, the Undersigned, warrant that:

- (1) I am authorized to execute this affidavit on behalf of the applicant.
- (2) Each controlling person of the applicant is at least 18 years of age.
- (3) The applicant and each controlling person of the applicant are financially solvent.
- (4) All information, certifications and statements contained in the attached license application are true, accurate and complete as of the date furnished to the City. Information pertaining to the qualifications of each controlling person has been obtained on an individual basis from each controlling person
- (5) (a) Neither the applicant nor any controlling person has ever been convicted, is in custody, is under parole or under any other non-custodial supervision resulting from a conviction in a court of any jurisdiction for the commission of a felony or criminal offense of whatever degree involving bribery; or (b) If so, the details surrounding each conviction are provided in a separate attachment submitted with this affidavit.
- (6) Neither the applicant nor any controlling person is currently under indictment or has been charged under any State or Federal law with the crime of bribery.
- (7) I, _____, as applicant (or otherwise as agent of the applicant) certify that the statements in this application are true. I understand that any false or inaccurate information contained in this license application may result in revocation of the license in addition to any other penalties provided by law. False statements made within this application also may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

Applicant's Name (print)

Title/Position in Business Entity

Applicant Signature

Name of Business Entity

Date

The term "controlling person" means any person who (1) is an officer, director, partner, general partner, limited partner, manager, managing member of member of any entity seeking or holding a general contractor's license; or (2) owns, directly or indirectly through one or more intermediate ownership entities, 25% or more of the interest in the licensee or applicant, as applicable.

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Section 8 - Application Instructions

1. Type or print legibly in black ink only.
2. Review the application checklist below.
3. Sign and date application.
4. Attach Proof of Insurance, A.M. Best rating, Affidavits and Payment.
5. The application must be completed in its entirety and mailed to the address located below.

Note: Failure to provide all requested supporting documents will delay the processing of your application. Separate sheets may be attached if additional space is needed to provide required information.

APPLICATION CHECKLIST

Each license application must provide the information listed below:

- The class of license for which application is being made.
- Description of work and services the applicant will provide.
- The email address where applicant wishes to receive notifications.
- A statement verified by a *City of Chicago Affidavit Form* as to whether the applicant or any person owning 25% or more of the interest in the applicant is financially solvent.
- The name and address of the principal location from which the applicant has engaged in the business of general contracting at any time within the last five years.
- If the applicant is not a sole proprietor, proof that the applicant is authorized to do business in the State of Illinois.
- If the applicant is a partnership, provide an Assumed Name Certificate certified by the County Clerk as proof that the applicant is authorized to do business in the State of Illinois.
- If the applicant is doing business in Illinois under an assumed name, a copy of the Assumed Name Certificate certified by the County Clerk.
- If the applicant is a corporation or a limited liability company (LLC), a copy of Certificate of Good Standing from Illinois Secretary of State and the name and address of the company's registered agent.
- Proof of insurance as required by section 4-36-090 of the Municipal Code of Chicago (Section 5).
- Certification from insurance company or insurance broker that it is currently rated B+ or better by A.M. Best Company. This may come in the form of: a letter from the insurance agency stating the insurer's rating *or* a notation on the certificate of insurance that shows the insurer's rating *or* a print out from the A.M. Best Company's website showing the insurer's rating (www.AMBest.com).
- The license fee as required by section 4-36-050(E) of the Municipal Code of Chicago (Section 1).
- Photo identification must be provided.

***For an individual:** the applicant's driver's license or other state-issued ID bearing the applicant's photograph, as well as driver's licenses or other state-issued ID's bearing the photograph of anyone who either signed the application and/or anyone who signed the supporting affidavit (if different from the applicant, himself.)

***For a general partnership:** the driver's license or other state-issued ID bearing the photograph of the partner primarily responsible for day to day management decisions for the partnership, and the driver's licenses or other state-issued ID bearing the photograph of anyone who signed the application and/or anyone who signed the supporting affidavit (if different from the other two individuals).

***For a limited partnership:** the driver's licenses or other state-issued ID's bearing the photograph of the managing partners, and the driver's licenses or other state-issued ID's bearing the photograph of anyone who signed the application and/or anyone who signed the supporting affidavit (if different from the other two individuals).

***For a limited liability corporation:** the driver's license or other state-issued ID bearing the photograph of the managing member and the driver's licenses or other state-issued ID's bearing the photograph of anyone who either signed the application and/or anyone who signed the supporting affidavit (if different from the other individuals).

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Section 8 - Application Instructions (continued)

*For a corporation: the driver's license or other state-issued ID bearing the photograph of the corporation's president or that of the local manager or the local director and the driver's license or other state-issued ID bearing the photograph of anyone who either signed the application and/or anyone who signed the supporting affidavit.

***FOR ADDITIONAL INFORMATION AND COPIES OF THE GENERAL CONTRACTOR'S ORDINANCE,
PLEASE VISIT THE DEPARTMENT OF BUILDINGS WEBSITE AT www.cityofchicago.org/Buildings**

***The application must be completed in full and all attachments must be enclosed.**

***Please include License Fee and make check payable to: Chicago Department of Revenue and mail to:**

**City of Chicago
General Contractor License
P.O. Box 388249
Chicago, IL 60638-8249**

If you have any questions please call 800-359-1313

- 1. Applicants will be contacted via email regarding incomplete information.**
- 2. Please allow 14 business days for processing.**
- 3. Once your application is approved, your license will be mailed to your business address within 10 business days.**