



BARRINGTON
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Contractor's Registration Application

Contractor's Registrations are valid for one (1) year from the date of payment

Business Name: _____

Business Owner's Name: _____

Applicant's Name: _____
(If different from business owner)

Business Street Address: _____

City, State, Zip: _____

Business Phone: _____ **Fax:** _____

Cell Phone: _____ **Email Address:** _____

TYPE OF CONTRACTOR:

<input type="checkbox"/> Alarm	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Masonry
<input type="checkbox"/> Concrete	<input type="checkbox"/> Paving
<input type="checkbox"/> Demolition	<input type="checkbox"/> Plumbing (copy of state plumbing license required)
<input type="checkbox"/> Electrical (copy of municipal electrical license required)	<input type="checkbox"/> Roofing (copy of state roofing license required)
<input type="checkbox"/> Excavator	<input type="checkbox"/> Siding
<input type="checkbox"/> Fence	<input type="checkbox"/> Signs
<input type="checkbox"/> General Contractor (Certificate of Insurance required)	<input type="checkbox"/> Subcontractors (all not listed)
<input type="checkbox"/> HV/AC	

Applicant Signature: _____ **Date:** _____

Fee = \$100.00 (per contractor)

Plumbing Contractors and Alarm Contractors = No Fee

Checks Payable To: Village of Barrington

<i>FOR OFFICE USE ONLY</i>	
<i>Expiration Date:</i>	
<i>Cash Receipt Code:</i>	<i>L43</i>