



COMMUNITY DEVELOPMENT DEPARTMENT
 3600 Kirchoff Road
 Rolling Meadows, IL 60008
 Phone 847-506-6030 Fax 847-483-0365
Contractor Business License

Please print all information

GENERAL CONTRACTOR (\$100.00) SUBCONTRACTOR (\$75.00)

Please print

Name of business _____

D.B.A. or A.K.A. Name (if applicable) _____

Address of business _____

City/State/Zip _____

Business phone number _____ Email _____

Fax _____ Cell _____

Full legal name of owner _____

Billing/mailling address _____

Federal taxpayer ID number (FEIN) or Illinois business tax number (IBT) _____

Type of business or trade: _____

I hereby certify I am the owner or a duly authorized agent of the business making this application, empowered to bind said business to all terms & conditions of the license. I understand issuance of the license & the license's continuation is conditioned upon compliance with all applicable codes, ordinances & laws. I agree to pay all fees associated with the license & to submit the premises to inspection in accordance with all codes & ordinances. I understand failure to comply with all applicable ordinances & laws may result in revocation of the license & the privilege to conduct business in the City of Rolling Meadows.

Signature

Date

Print Name

*** For official use only - do not write below this line ***

Approval initials

CD Dept. _____

License Number _____

Batch Number _____