



## Application for General Contractor License

1. Type or print legibly in black ink only.
2. Review the checklist attached.
3. Sign and date application.
4. Attach Proof of Insurance, A.M. Best rating, Affidavits and Payment.
5. Mail application, completed in its entirety to: City of Chicago, General Contractor License, P.O. Box 388249, Chicago, IL, 60638-8249.

**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.**

Description of work and services the applicant will provide:

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### Please check the appropriate License classification. (Only one):

- ☐ Class A license: is subject to no limitation as to the value of any single contract project. License fee: \$2,000
- ☐ Class B license: is not entitled to engage in construction of any single contract project of value in excess of \$10,000,000. License fee: \$1,000
- ☐ Class C license: is not entitled to engage in construction of any single contract project of value in excess of \$5,000,000. License fee: \$750
- ☐ Class D license: is not entitled to engage in construction of any single contract project of value in excess of \$2,000,000. License fee: \$500
- ☐ Class E license: is not entitled to engage in construction of any single contract project of value in excess of \$500,000. License fee: \$300

### Check appropriate box for your type of business structure:

- ☐ Individual/Sole Proprietor
- ☐ Individual doing business under an assumed name
- ☐ Partnership
- ☐ Corporation
- ☐ Limited Liability Company

### (Section 1)

#### Applicant Information:

#### If the Applicant is a Corporation or Limited Liability Company:\*

Corporation Name: \_\_\_\_\_

Principal Office Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ E-mail Address (required): \_\_\_\_\_

Local Office, if different than principal office: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Taxpayer Identification Number: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_

\*Attach additional sheet(s) listing the name, residence address, residence telephone number, social security number and date of birth of all corporate officers and registered agents; attach Certificate of Good Standing from Illinois Secretary of State; attach General Contractor's License Affidavit for each (1) officer, director, manager, managing member or 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. (Attach a copy of the assumed name certificate issued by the County Clerk if applicable.)

Proceed to Section 2.

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

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number: \_( \_ \_ \_ \_ )\_ \_\_\_\_\_ E-mail Address (required): \_\_\_\_\_

\*Attach completed General Contractor's License Affidavit for each (1) officer, director, manager, or member of any entity seeking or holding a general contractor's license; or (2) owns, directly or indirectly through one or more intermediate ownership, 25% or more of the interest in the licensee or applicant, listing the name, residence address, residence telephone number, social security number and date of birth. (Attach a copy of the assumed name certificate issued by the County Clerk if applicable.) Proceed to Section 2.

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**If the Applicant is a Partnership:\***

Business Name: \_\_\_\_\_

Principal Office Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Emergency Phone Number: E-mail Address (required): \_\_\_\_\_

Local Office if different from principal office: \_\_\_\_\_

\*Attach additional sheet(s) listing the name, residence address, residence telephone numbers, social security number and date of birth of all partners. Attach General Contractor's License Affidavit for (1) partner, general partner, limited partner, managers, managing member or member of any entity seeking or holding a general contractor's license; or (2) owns, directly or indirectly through one or more intermediate ownership, 25% or more of the interest in the licensee or applicant.

(Attach a copy of the assumed name certificate issued by the County Clerk if applicable.) Proceed to Section 2.

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**(Section 2)**

\*In the area provided below please list individually the applicant and all required members of appropriate business structure. (See above.)

Name: \_\_\_\_\_  
(Last Name First Name MI)

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 MI)

Title: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last Name First Name MI)  
Title: \_\_\_\_\_  
SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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Name: \_\_\_\_\_  
(Last Name First Name MI)  
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 MI)  
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 MI)  
Title: \_\_\_\_\_  
SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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**(Section 3)**

**Previous business addresses:** List all past business addresses from which the applicant has engaged in general contracting in the last five years.

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(Section 4)

**Proof of insurance – (include certified copy of insurance certificate naming the City of Chicago as an additional insured, current A.M. Best Rating showing credit rating of B+ or higher and the following information)**

Name of insurance company: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Insurance certificate number or policy number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**SIGNATURE CERTIFICATION**

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 to:

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

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**Richard M. Daley  
Mayor**

12/12/08



**CITY OF CHICAGO  
DEPARTMENT OF BUILDINGS  
BUREAU OF LICENSING AND REGISTRATION  
GENERAL CONTRACTOR LICENSE INSURANCE INSTRUCTIONS**

**4-36-090 Proof of insurance—Required.**

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 \$1,000,000 per occurrence, \$2,000,000.00 in the aggregate 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 \$1,000,000 per occurrence, \$2,000,000.00 in the aggregate 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 addition insured on a primary, non-contributory basis.

The certificate must state that the notice will be sent to:

City of Chicago  
General Contractor Licensing Program  
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.**



## **CHECKLIST FOR GENERAL CONTRACTOR APPLICANTS**

**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 affidavit as to whether any (1) officer, director, partner, general partner, limited partner, manager, managing member or 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 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 doing business in Illinois under an assumed name, a copy of assumed certificate by County Clerk.
- ☐ If the applicant is a corporation, a copy of Certificate of Good Standing from Illinois Secretary of State and the name and address of the corporation's registered agent.
- ☐ Proof of insurance as required by section 4-36-090 of the Municipal Code of Chicago.
- ☐ Certification from insurance company or insurance broker that it is currently rated B+ or better by A.M. Best Company.
- ☐ The license fee as required by section 4-36-050(E) of the Municipal Code of Chicago.
- ☐ 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 a 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 license 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 ID 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.)

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](http://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 (312) 744-3125**

- 1. Incomplete applications will be returned to applicant.**
- 2. Completed application will either be approved or rejected for licensure within 28 days.**
- 3. Once your application is approved, your license will be mailed to your business address within 10 Business days.**

**GENERAL CONTRACTOR'S LICENSE  
AFFIDAVIT**

**This affidavit is required for all Contractor's license applications.**

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.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
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.