



*Rock Island County... Build the future and improve the quality of life for our community*

## CONTRACTOR REGISTRATION REQUIREMENTS

Any person, firm or corporation doing business as a contractor in the County of Rock Island shall register annually with the Zoning & Building Department. For registration you will need to have the following items - partial packets are not acceptable.

1. A Rock Island County Continuous Code Compliance Bond in the amount of \$10,000 for all Contractors.
2. Completed Registration Form. (You must be sure and sign the bottom of the form.)
3. A Certificate of Insurance for the duration of the registration must be obtained and maintained for public liability and property damage insurance with a minimum of \$100,000 for each occurrence of property damage; and \$300,000 for each occurrence of personal injury or bodily harm. Rock Island County must be named as the certificate holder.
4. Proof of Workers Compensation Insurance or that you are an approved self-insurer of Worker's Compensation. (Proof shall either be a Certificate of Insurance from the insurance provider or the Certificate of Approval from the Illinois Industrial Commission)...OR...If you are a sole proprietorship or partnership then you will not be required to provide proof of Worker's Compensation Insurance, however, must provide a notarized Sworn Statement (document provided) that you have no employees.
5. The fee for registration shall be Fifty Dollars (\$50.00) and shall be valid for one (1) year - due on or before March 1<sup>st</sup> each year.
6. Copy of Applicable License: (Roofing license is required for General Contractors if roofing is included in work performed. All other trades must supply a copy of their State license as part of their registration.)

**NOTE:**

- Mail-in permit applications are accepted from Mechanical, Electrical and Plumbing Contractors only. The County must receive applications before work is begun.
- If for any reason, the aforementioned items should lapse during that registration year, you must reapply for registration including payment of an additional Fifty Dollar (\$50.00) registration fee.
- Complete registration packets are required. Do not bring your registration to the Zoning & Building Department until it is complete and ready to be put on file.
- If you have any questions regarding your registration, please call the Zoning & Building Department at **(309) 558-3771** for more information.

OFFICE OF  
**ZONING & BUILDING SAFETY**  
1504 3<sup>rd</sup> Avenue, Rock Island IL 61201  
Phone:(309) 558-3771 Fax: (309) 786-4456



**Rock  
Island  
County**

**Zoning & Building Department**  
1504 3<sup>rd</sup> Ave Rock Island IL, 61201

## **CONTRACTOR REGISTRATION FORM**

Type of Contractor:	<input type="checkbox"/> Demolition <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Protection <input type="checkbox"/> General/Roofing <input type="checkbox"/> General (No Roofing) <input type="checkbox"/> Other: _____					
Business Name:						
Contact Person:						
Mailing Address:						
City/State/Zip:						
Phone numbers:	Business:	Cell:				
Type of Ownership:	<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC
Owner (Officer if Corp):						
Address:						
City/State/Zip:						
Email:						

**FOR OFFICE USE ONLY**  
**Submit current copies so that we may retain them in our files:**

State License:	Plumbing Contractor #055- Plumbing Individual #058- Roofing #104- Roofing #105-	<input type="checkbox"/> Copies on file
Insurance:	<input type="checkbox"/> General liability with a minimum of \$100,000 for each occurrence of property damage; and \$300,000 for each occurrence of personal injury or bodily harm; <input type="checkbox"/> Rock Island County named Certificate Holder <input type="checkbox"/> Workman's Comp or Sworn Statement	
Code Compliance Bond:	<input type="checkbox"/> In the sum of Ten Thousand Dollars (\$10,000)	
Payment:	Date Payment Received: _____ Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	

There is a **\$50.00 REGISTRATION FEE PER CATEGORY** required for all contractors

**Payable to Rock Island County**

**Send to: Rock Island County – 1504 3<sup>rd</sup> Ave Rock Island IL 61201 - Attn: Zoning and Bldg Dept.  
Registration Valid: March 1st, through February 28th**

The undersigned certifies that all the information in this statement, and all information furnished in support of the statements are true and complete to the best of their knowledge and belief. Failure to comply with the conditions of this registration will result in revocation of the registration and cancellation of all active permits.

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Signature

Title

Date

**\*\*\*PLEASE SEE REVERSE SIDE OF THE APPLICATION FOR ADDITIONAL INFORMATION REQUIRED\*\*\***

### **\*\*Additional information required\*\***

Please List below employees or officers authorized to purchase permits as representatives for your company. (Please Note: Anyone who is not listed below will not be allowed to purchase a permit for your company; Also, Note: Sub Contractors shall not be considered as authorized agents.)



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## CONTRACTORS CODE COMPLIANCE BOND

BOND # \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS: That \_\_\_\_\_  
(Last Name/First Name) OR (Corporation Name)

DBA: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

And principal, and \_\_\_\_\_  
(Name of Bonding Agency)

as surety, of \_\_\_\_\_ are held and firmly bound  
unto the County of Rock Island, Illinois, in the sum of Ten Thousand Dollars (\$10,000) lawful money of the United States, to  
be paid unto the said County of Rock Island, its successors or assigns for which payment, well and truly be made, we  
jointly and severally bind ourselves, and each of us, firmly by these presents.

**Dated this** \_\_\_\_\_ **Day of** \_\_\_\_\_ **A.D. 20** \_\_\_\_\_.

The conditions of these obligations are such, that

**WHEREAS**, the above principal, \_\_\_\_\_ has registered with the County of Rock Island to carry on  
the business of: \_\_\_\_\_ in said County accordance with the provisions of Section 150.01 of  
the Rock Island County Code of Ordinances, and all amendments thereto, which said Chapter provides for the registering  
of: \_\_\_\_\_.

**NOW, THEREFORE**, If the above principal \_\_\_\_\_ shall and will faithfully perform any  
and all duties of whatsoever nature required by the said Ordinance, as well as, any and all ordinances regulating the \_\_\_\_\_  
within the County of Rock Island, and shall and will promptly pay to the County of Rock Island, any and all sums and amounts due, or that may become due or owing by reason of, and under the terms  
and conditions of said Section 150.01, or any other ordinances regulating the business of \_\_\_\_\_  
within the County of Rock Island, then this obligation to be null and void, otherwise to remain in full force and virtue.

Binding oneself, in the penal sum of \$10,000 with the surety to the approval of authorized authority, conditioned for the  
performance of its contractual work, in accordance with provisions of this bond for all work performed under said license  
and for the faithful compliance with the provisions of Section 150.01 of the Rock Island County Code of Ordinances. This  
bond is a continuous bond and shall remain in full force and effect until canceled by notice. The surety shall have the  
right to cancel this bond for future liability upon thirty (30) days written notice to the County of Rock Island.

**WITNESS our hands this** \_\_\_\_\_ **Day of** \_\_\_\_\_ **A.D. 20** \_\_\_\_\_.

**Signed By:** \_\_\_\_\_  
Principal's Name  
(If Corporation, Executive Title by Name)

**Signed By:** \_\_\_\_\_  
(Surety)  
Agency Name, Address and Phone  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEAL**



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# SWORN STATEMENT

FOR: \_\_\_\_\_  
(Print Company/Individual Name)

I certify that I presently have no employees and will not hire any employees to perform work in the County of Rock Island during the duration of this registration unless I obtain Workman's Compensation Insurance and provide proof of such insurance to the County of Rock Island.

Signature

## Title

Date

## State of Illinois

## County of Rock Island

I, \_\_\_\_\_ a Notary Public in and for said county, in the State aforesaid, do hereby certify that \_\_\_\_\_, personally known to me to be the same person whose name is subscribed to the foregoing instrument as the principal therein, appeared before me this day in person and acknowledge he signed, sealed, and delivered the said instrument as his free voluntary act for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this \_\_\_\_\_ day of \_\_\_\_\_  
A.D., 20 \_\_\_\_.

## Notary Public

OFFICE OF  
**ZONING & BUILDING SAFETY**

1504 3<sup>rd</sup> Avenue, Room 305, Rock Island IL 61201

www.rockislandcountyil.gov • Phone: (309) 558-3771 • Fax: (309) 786-4456