



CITY OF CHILlicothe

Office of the City Clerk 908 N SECOND ST., PO BOX 145, CHILlicothe, IL 61523 (309)274-5518

WATER AND SEWER CONTRACTOR LICENSE

APPLICATION NO. _____

DATE: _____

The undersigned applicant hereby respectfully petitions the Superintendent of Public Works and the Public Works Committee Chairperson or their duly appointed representative to, on behalf of the City Council of Chillicothe, Illinois, grant a contractor's license.

Name of Company

Address of Company

Name of Authorized Individual (Please Print)

Phone Number

Cell Phone:

Email:

The applicant must file all additional material as required by the existing water and sewer ordinances, and further hereby agrees to comply with all other policies and/or provisions of said ordinances of the City of Chillicothe and the Greater Chillicothe Sanitary District regulating the operation of the water and sanitary sewer systems.

Signature of Applicant

Date

Address of Applicant

*****VALIDATION AREA*****

APPLICATION ACCEPTED BY:

City Clerk

Date

\$100.00 Fee Received:

Cash

Check _____ #

Proof of Insurance

Bond

APPLICATION APPROVED BY:

Public Works Superintendent

Date

Chairperson of Public Works Committee

Date