

VILLAGE OF SENECA

340 N. Cash Street
P.O. Box 27
Seneca, IL 61360

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2010-11 CONTRACTOR REGISTRATION

DATE: _____ APPLICANT'S NAME: _____

BUSINESS NAME: _____ SOLE OWNERSHIP

ADDRESS: _____ PARTNERSHIP

CITY: _____ STATE ____ ZIP _____ CORPORATION

PHONE: _____ OTHER

DRIVER'S LICENSE #: _____

TYPE OF CONTRACTOR: _____ IL LIC PLATE # _____

NUMBER OF EMPLOYEES: _____ FEIN #: _____

REFERENCES: _____

OTHER CITIES LICENSED OR REGISTERED IN: _____

INSURANCE AGENT: _____ PHONE: _____

GENERAL LIABILITY: _____ PHONE: _____

WORKMANS COMP: _____ PHONE: _____

AUTO INSURANCE: _____ PHONE: _____

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I UNDERSTAND THE VILLAGE OF SENECA BUILDING CODES & INSPECTION
REQUIREMENTS.

SIGNED: _____