

# CITY OF GALENA, ILLINOIS

101 Green Street • P.O. Box 310 • Galena, Illinois 61036



TO: All Contractors

FROM: Jonathan Miller  
Building Official

Shirley Johnson  
Building Secretary

RE: Contractor Registration

- The City of Galena requires all contractors (excluding plumbers, painters and floor installers) working within the City Limits to register with the Building Department *annually*. **Registrations run concurrent with the city's fiscal year, May 1 - April 30.**
- **Contractor registration expires on April 30 of each year.**
- A *Contractor* is defined in the City Codes and Ordinances as *a person or company, used or hired by another to perform work to which payment, in any form is made.* Section 150.04 (B) of the City Code states that any contractor covered by a permit shall be insured and registered with the City.
- A complete registration form includes: **1) the \$100.00 fee; 2) current liability insurance certificate of \$500,000 or more.**  
Excavating Contractors: CITY SURETY License and permit Bond.
- It is the **sole responsibility** of the contractor and the contractor's insurance agent to provide these current certificates to the City of Galena Building Department. **No permits shall be issued to contractors whose liability insurance certificate is not on file with our office.** Expired insurance constitutes an invalid registration.
- **If you currently hold permits, you must renew your registration. You will not be allowed to work after May 1, 2019 on an ongoing and permitted project unless your registration is up to date.**
- **Roofing Contractors** are required to be licensed by the State of Illinois and must provide the City of Galena, Building Department, with a current copy of the Illinois Roofing License to be kept on file at City Hall. Permits shall not be issued to contractors whose current Illinois license is not on file with our office.
- **Complete fully** the attached Contractor's Registration Application and return with your **\$100.00** Registration Fee, liability insurance (and roofing license, if appropriate) to:

City of Galena  
PO Box 310  
Galena, IL 61036  
ATTN : Shirley Johnson

- Your contractor registration will be mailed upon receipt of all the above items from Shirley Johnson.
- For your convenience many forms are available online at [www.cityofgalena.org](http://www.cityofgalena.org). The appropriate forms are located under the "FORMS" link, and then located under the Building Department forms.



**CITY OF GALENA**

**CONTRACTOR REGISTRATION APPLICATION**

**PLEASE COMPLETELY FILL OUT THIS FORM**

**INCOMPLETE FORMS WILL NOT BE PROCESSED**

CONTRACTOR'S NAME: \_\_\_\_\_

COMPANY NAME (D/B/A): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

CELL #: \_\_\_\_\_ FAX#: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NATURE OF YOUR BUSINESS (Electrical, HVAC, General Construction, Excavation, etc.)

\_\_\_\_\_  
LICENSE NUMBERS ISSUED BY THE STATE OF ILLINOIS\*\*:

ROOFING #: 104 - \_\_\_\_\_

**Please include a copy** \*\*\*\*\* **Please include a copy**

LIABILITY INSURANCE COMPANY: \_\_\_\_\_

YOUR INSURANCE AGENCY NAME: \_\_\_\_\_

YOUR INSURANCE AGENTS NAME: \_\_\_\_\_

ADDRESS OF YOUR AGENT: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER OF AGENT: \_\_\_\_\_ POLICY EXPIRATION DATE: \_\_\_\_\_

With my signature below, I certify that the information above is true and correct. Attached is my registration fee of **\$100.00** for the year 2019 and a **Copy of my CERTIFICATE OF LIABILITY INSURANCE** in the amount of \$500,000 minimum.

**\*\*If applicable, please send a copy of your State of Illinois ROOFING LICENSE.**

**EXCAVATING CONTRACTORS, WORKING IN THE RIGHT OF WAY, WILL NEED A SURETY BOND.**

\_\_\_\_\_  
Signature