

2020 SIGN ERECTOR LICENSE APPLICATION

CITY OF JOLIET

Department of Community Development
Inspection Division
150 West Jefferson Street
Joliet, Illinois 60432
Office 815.724.4070 FAX 815.724.4080

FEE: \$30.00

Office Use Only:
Date Received: _____
Date Issued: _____
Account Number: _____

Please print legibly. All information and supplemental information must be completed and submitted. **Incomplete forms will be returned.**

GENERAL INFORMATION

Corporate Name: _____

Business Name (DBA): _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Employee Identification Number (EIN): _____

Date Business Opened: _____

Owner/Manager Name: _____

Owner/Manager Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Phone Number: _____

ELECTRICAL LICENSE INFORMATION (if same company) must be submitted

Electrical License Number: _____ Expiration Date: _____

Additional items to be submitted:

- Proof of Insurance: All sign erector applicants are required to present a valid comprehensive insurance policy in the amount of at least \$250,000 for injuries, including accidental death to any one person, and in an amount of \$500,000 for injuries including accidental death sustained by two or more persons as a result of any one (1) accident and a property damages insurance policy in the amount of at least \$250,000, NAMING THE CITY OF JOLIET AS ADDITIONALLY INSURED.
- Copy of current Electrical License (if applicable).

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to supply adequate or correct information will be subject to suspension or revocation of the City of Joliet's sign erector license.

Print name of applicant

Signature of applicant

Date