BUILDING AND ZONING DEPARTMENT
Room 304, Municipal Center West
Springfield, Illinois 62701 Phone: 217-789-2171

Application for Renewals

Electrical Application for the Year of _____

☐ Registered Electrical Contractor, complete entire application.

☐ Electrical License Only, complete items 2 and 6 only.

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1. Registered Electrical Contractor

Name of Business: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

2. Electrical License

Name of Person Licensed: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Relationship with Contractor: _____
Owner, Partner, Officer, (Pres. Sec.)

3. License from, enter City: _____

If Out-of-Town License, attach a current copy of your license.

4. Bond

Attach $5,000 Surety Bond

- In its Original form
- In favor of the City of Springfield, Illinois
- Issued in your business name
- It shall run from January 1 to December 31 of each year. It is acceptable for the bond to be dated beyond December 31.

Insurance Agency: _____

Address of Agency: _____

City, State, Zip: _____

Telephone Number: _____

5. **Proof of Liability Insurance**

Insurance Company_____

Policy Number_____

please attach a copy of the policy

6. **FEE- (Check one only)**

_____	Electrical License Only (Springfield License)	$25_____
_____	Registered Electrical Contractor with Springfield License (This includes $25.00 license fee and $45.00 registration fee)	$70_____
_____	Registered Electrical Contractor with Out-of-Town License	$45_____

I, the undersigned, certify that the above information is accurate to the best of my knowledge and I hereby authorize the Commission and/or City Personnel to inquire into any of the above information.

Company: _____

Owner/Authorized Officer: _____Date: _____

Email address_____

please print clearly