

**CITY OF OTTAWA
PLUMBING CONTRACTOR REGISTRATION APPLICATION
NO FEE**

Application Date: _____ For Calendar Year: _____

BUSINESS INFORMATION:

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Business Fax: _____

BUSINESS OWNER'S INFORMATION:

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

24-HOUR EMERGENCY PHONE NUMBER (required): _____

STATE OF ILLINOIS LICENSE NUMBER: _____

All plumbing contractors who work within the City of Ottawa shall, prior to engaging in such work in the City of Ottawa, **submit this application along with a copy of their current State of Illinois Plumbing License**. There is no fee. For additional information contact the City Building Department at (815) 433-0161 or fax (815) 433-2344.

PLEASE ATTACH A COPY OF PROOF OF LIABILITY INSURANCE.

The above information is true and correct:

Signature of Applicant: _____ Title: _____

-----**FOR OFFICE USE ONLY**-----

City Registration #: _____ **Date Issued:** _____

Issued By: _____

8/01/05