



VILLAGE OF OAKWOOD
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217-354-4255

EMAIL: oakwood-village@comcast.net

WEBSITE: oakwoodil.org

CONTRACTORS REGISTRATION/PERMIT APPLICATION

DATE OF APPLICATION _____

COMPANY NAME _____

OWNER NAME AND CELL # _____

COMPANY ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ CELL _____ EMAIL _____

PARTNERSHIP OR CORPORATION NAME, ADDRESS, AND PHONE.

INSURANCE COMPANY _____ PHONE # _____

**INCLUDE COPY CERTIFICATE OF INSURANCE, COPIES OF FEDERAL, STATE, AND LOCAL,
LICENSES AND REGISTRATION CERTIFICATES.**

THE UNDERSIGNED STATES THE INFORMATION ABOVE IS CORRECT.

DATE _____ SIGNATURE _____

OFFICE USE ONLY

DATE _____ APPROVED BY _____

INVALID IF THIS FORM IS INCOMPLETE