

**VILLAGE OF BROOKFIELD**

8820 Brookfield Ave. \* Brookfield, Illinois 60513-1688

(708) 485-7344 \* Fax (708) 485-8090

[www.brookfieldil.gov](http://www.brookfieldil.gov)

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile/Cell \_\_\_\_\_

Owner/Contact \_\_\_\_\_

Type of Contractor \_\_\_\_\_ Fee \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**ALL CONTRACTORS ARE REQUIRED TO HAVE A \$10,000 SURETY/LICENSE AND PERMIT BOND AND A CERTIFICATE OF INSURANCE WITH WORKERS' COMPENSATION**

**THE FOLLOWING MUST ALSO PROVIDE A COPY OF THEIR STATE LICENSE:**

**Electrical**

**Plumbing**

**Roofing**

Failure to correctly answer, purposely omit, or falsify above information may result in revocation of license.