

# 2018 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

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