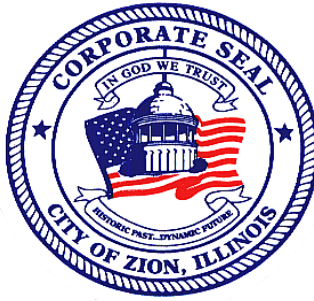


Building Department
2828 Sheridan Road
Zion, Illinois 60099



(847) 746-4018
(847) 746-4665 fax
www.cityofzion.com

Director
Richard A. Ianson
(847) 746-4097

PLUMBING CONTRACTOR'S REGISTRATION

Registration # _____ (for office use only)

COMPANY NAME: _____

Company owners name: _____

Address: _____

(No PO Box)

Mailing Address: _____

(If different)

City: _____ State: _____ Zip Code: _____

Office phone number: (____) _____ Fax: (____) _____

Cell number: (____) _____

State License #: 058-_____ or Chicago License: _____

State Registration #: 055-_____

Federal Employee I. D. #: _____

Authorized agents: (Those who are allowed to sign for permits. They must have a valid plumbing license, provide the city with a copy of the license and have a valid picture ID)

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Signature of License Holder

Date