

Roofing Contractor Application

Name of Contractor: _____

Business Address: _____

Telephone: _____

Fax: _____

Email and/or website: _____

State of Illinois License Number: _____

Expiration Date: _____

*Attach a copy of state license

I, _____, _____, with
Name Title

_____, am currently licensed as a roofing contractor, in
Name of contractor

good standing, with the state of Illinois. _____
Contractor

acknowledges it is unlawful within the city of Canton to perform any roofing work
for profit without a license from the City.

Name Title Date

FOR CITY USE ONLY

Received by: _____ Fee paid: \$ _____

Date Received: _____

State license reviewed and confirmed by: _____

Date State license reviewed and confirmed: _____

Application approved by: _____

Date application approved: _____

License # _____

Expires one year from date application is approved.