



**City of Chicago
General Contractor License
Renewal Notice**

EXPIRATION DATE: _____
LICENSE NUMBER: _____
RENEWAL FEE: _____

To renew your license, please follow the instructions listed below. Please submit your renewal at least one month before the expiration date.

1. Fee. Make checks payable to the **Chicago Department of Revenue**.
2. Certificate of Insurance. Each insurance policy required under this section shall name the CITY OF CHICAGO as an additional insured on a primary, non-contributory basis.
3. Signed certification from Insurance Company or Insurance Broker that is currently rated B+ or better by A.M. Best Company.
4. Sign and return this form. Your signature will serve as verification that the information in your original license application has not changed. You are required to provide any changes in information within 14 days. An authorized office, owner, member or partner must sign this form.
5. Provide a company contact e-mail address: _____
(Required)
6. Sign and return the General Contractor's License Affidavit.
7. Provide photo identification
For an individual, the applicant's driver's license or other state-issued ID bearing the applicant's photograph, as well as a driver's licenses or other state-issued ID's bearing the photograph of anyone who either signed the application and/or anyone who signed the supporting affidavit (if different from the applicant, himself.)

For a general partnership, the driver's license or other state-issued ID bearing the photograph of the partner primarily responsible for day to day management decisions for the partnership, and the driver's license or other state-issued ID bearing the photograph of anyone who signed the application and/or anyone who signed the supporting affidavit (if different from the other two individuals.)

For a limited partnership, the driver's licenses or other state-issued ID's bearing

the photograph of the managing partners, and the driver's licenses or other state-issued ID's bearing the photograph of anyone who signed the application and/or anyone who signed the supporting affidavit (if different from the other two individuals.)

For a limited liability corporation, the driver's license or other state-issued ID bearing the photograph ID of the managing member and the driver's licenses or other state-issued ID's bearing the photograph of anyone who either signed the application and/or anyone who signed the supporting affidavit (if different from the other individuals.)

For a corporation, the driver's license or other state-issued ID bearing the photograph of the corporation's president or that of the local manager or the local director and the driver's license or other state-issued ID bearing the photograph of anyone who either signed the application and/or anyone who signed the supporting affidavit.

SUBMIT THIS FOR, THE FEE, THE CERTIFICATE OF INSURANCE, AND THE A.M. BEST STATEMENT TO:

**CITY OF CHICAGO
GENERAL CONTRACTOR LICENSE
P.O. BOX 388249
CHICAGO, IL 60638-8249**

I, _____, as applicant (or otherwise as agent of the applicant) certify that the statements in this application are true. I understand that any false or inaccurate information contained in this license application may result in revocation of the license in addition to any other penalties provided by law. False statements made within this application also may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines, and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

Signature

Date

Name and Title