



REGISTRATION # _____

Building Division
164 E Lincoln Hwy
DeKalb, IL 60115
(815) 748-2070
Building@CityofDeKalb.com

Application for State Licensed Contractors

Type of Contractor: ☐ ROOFING ☐ FIRE ALARM ☐ FIRE SUPPRESSION

Name of Firm: _____
(as printed on your
Certificate of Insurance)

D/B/A: _____

Contact Name (if different than owner): _____

Address: _____

Business Phone: _____ Cell: _____

E-mail: _____

State of Illinois License Number(s)

Expiration Date

Please provide copies of your State of Illinois license(s).

No work will be permitted until the required submittals are on file with the City of DeKalb.

Owner's Name - Please Print

Owner's Signature