CITY OF ELYRIA
BUILDING DEPARTMENT
CONTRACTOR REGISTRATION
ORDINANCE # 62-13

TYPE OF REGISTRATION ___________________________ ELECTRICAL ______ DATE ____________

APPLICANT'S NAME ____________________________________________

(INDIVIDUAL TO BE LICENSED, NOT BUSINESS)

DOING BUSINESS AS ____________________________________________ Phone ____________

(Must coincide with name on insurance and/or workman's comp certificates) Fax ____________

ADDRESS _____________________________________________________

TYPE OF BUSINESS: SOLE PROPRIETOR __________ PARTNERSHIP ________ CORPORATION __________ OTHER ________

(If partnership, supply name, address, and phone number of individual)

NUMBER OF EMPLOYEES: FULL TIME ___________ PART TIME __________

YEARS EXPERIENCE IN TRADE ____________ CONTRACTOR'S FEDERAL ID# OR SOC SEC # ____________

YEARS IN BUSINESS ____________

DO YOU HOLD REGISTRATIONS OR LICENSES IN OTHER CITIES? __________

IF SO, WHERE? ______________________________________________________

DO YOU HAVE LIABILITY INSURANCE? ___________ PLEASE ATTACH A CERTIFICATE OF INSURANCE.

DO YOU HAVE WORKMAN'S COMP. INS.? ___________ PLEASE ATTACH A COPY OF CERTIFICATE OF PREMIUM PAYMENT.

SIGNATURE OF APPLICANT ____________________________

POSITION ____________________________ PHONE ____________

ADDRESS ____________________________

EXAMINATION, IF REQUIRED: PASSED ___________ FAILED ___________ GRADE ____________

APPROVED BY ____________________________ DATE ____________

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