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

TYPE OF REGISTRATION_________________ HEATING III ___________________________ 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_____________________

131 Court St. Suite 101, Elyria, Ohio 44035
Phone: (440) 326-1491; Fax: (440) 326-1488