

REVISED 5/05

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

FEE \$ 100.00  
RECEIPT \_\_\_\_\_  
IBM# \_\_\_\_\_

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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