

REVISED 5/05

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

FEE \$ 100.00

RECEIPT

IBM#

TYPE OF REGISTRATION MASTER PLUMBER 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