

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

FEE \$ 125.00

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 \_\_\_\_\_

E-mail: \_\_\_\_\_

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? \_\_\_\_\_

STATE OF OHIO LICENSES ATTACHED \_\_\_\_\_

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 \_\_\_\_\_

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[www.cityofelyria.org](http://www.cityofelyria.org)