

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

FEE \$ 125.00

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 _____

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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