CITY OF ELYRIA FEE $ **125.00**

BUILDING DEPARTMENT RECEIPT_____

CONTRACTOR REGISTRATION IBM#_____

ORDINANCE # 62-13

TYPE OF REGISTRATION_____ DATE_____

APPLICANT'S NAME_____ E-Mail:_____

(INDIVIDUAL TO BE LICENSED, NOT BUSINESS)

DOING BUSINESS AS_____ Phone_____

(Must coincide with name on insurance and/or workman's comp certificates) 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?_____

****PROVIDE THREE LETTERS OF REFERENCE FROM ANYONE WHO KNOWS THE APPLICANT'S WORK AND LIST REFERENCES BELOW.**

1.) NAME: _____ ADDRESS_____

E-mail: _____

2.) NAME: _____ ADDRESS_____

E-mail: _____

3.) NAME: _____ ADDRESS_____

E-mail: _____

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_____

E-Mail:_____

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
www.cityofelyria.org

CONTRACTOR REGISTRATION

EXPERIENCE

NAME:_____ ADDRESS:_____

_____

A. CONSTRUCTION AND RELATED TRADES EXPERIENCE:

Please list the types of construction work that you have performed in the last five (5) years. (i.e.: roofing, siding, additions, heating, electrical, etc.)

CONSTRUCTION PROJECTS AND TYPE OF WORK	NAME OF EMPLOYER ADDRESS & PHONE	DATES, LENGTH OF TIME YEARS AND MONTHS

B. ACADEMIC RELATED VOCATIONAL OR TECHNICAL EDUCATION:

In lieu of experience required, the applicant may qualify with two years of technical training in an accredited school, plus two years of practical experience, or hold a degree from an accredited college or university in the business or trade in which he/she applies to be registered.

COPIES OF CERTIFICATES ATTACHED:_____

SIGNATURE:_____ DATE_____

STATE OF OHIO

COUNTY OF LORAIN

CITY OF ELYRIA

AFFIDAVIT OF VERIFICATION

AFFIANT:_____BEING FIRST DULY SWORN ACCORDING TO
(person other than applicant)

LAW DEPOSES AND SAYS THAT_____HAS HAD
(applicant)

_____YEARS OF PRACTICAL EXPERIENCE IN THE _____TRADE.
(type)

AFFIANT:_____
(signature of individual other than applicant)

_____
(address, city , state, zip code)

SWORN AND SUBSCRIBED TO BEFORE ME THIS_____DAY OF_____20_____.

_____
NOTARY PUBLIC