

CITY OF NORTH OLMSTED
5200 Dover Center Rd., North Olmsted, OH 44070
(440) 777-8000 • Fax: (440) 777-5889

APPLICATION FOR LICENSE CERTIFICATE

As a _____
(Type of Contractor)

CONTRACTOR NO. _____ DATE: _____

Application is hereby made for a License Certificate to engage in the business of _____ within the corporation limits of the City of North Olmsted, Ohio, in accordance with the requirements of Chapter 1317 of the City of North Olmsted, Ohio.

I _____ residing at _____
(Print Name) (Applicant's Address)

represent myself as the authorized officer of _____
(Name of Company)

BUSINESS ADDRESS _____ BUSINESS PHONE _____
_____ BUSINESS FAX _____

FEDERAL Employer's Indent. No. for City Income Tax _____

Attached hereto are the necessary forms and information required by Section 1317.04 (d) and (e).

(See page 2).

I do hereby certify that I have read the provisions of Chapter 1317 of the City of North Olmsted, that I am fully aware of the requirements of the same, and that in the event that I am required to sublet work that I agree to engage only registered contractors and that any misrepresentation of data or facts will cause for refusal of Certificate of Registration or revocation of Certificate when issued and that I shall abide by all rules and regulations as required.

SIGNED _____

DATE _____

(STATE OF OHIO) ss
(CUYAHOGA COUNTY)

Before me a Notary Public, in and for said County, personally appeared the above named _____ who acknowledged that _____ did sign the foregoing instrument and that the same is _____ free act and deed.

In testimony whereof, I have hereunto set my hand and official seal at _____ this _____ of _____, 20 ____.

(Notary Signature)

Application for License Certificate

Please provide the following information at the time of making application for a License Certificate:

I have actively been engaged in the licensed area for _____ years. Below is a brief description of past jobs.
(Note: your registration will be limited to job types listed below.)

Contact Name, Address and Phone (Contractor with whom you have worked or client that you performed work for): _____ _____ _____ Description of Job: _____ _____	Contact Name, Address and Phone (Contractor with whom you have worked or client that you performed work for): _____ _____ _____ Description of Job: _____ _____
Contact Name, Address and Phone (Contractor with whom you have worked or client that you performed work for): _____ _____ _____ Description of Job: _____ _____	Contact Name, Address and Phone (Contractor with whom you have worked or client that you performed work for): _____ _____ _____ Description of Job: _____ _____
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Any formal education, testing, or specialized training and/or certification: _____

- If applicable, a current license or certificate issued by any trade council, testing institution, accredited board or other trade group, together with examination results; and
- A copy of any licenses or registration certificates issued by any other state or municipality, including any examination results.
- A certificate of insurance for general liability for bodily injury and property damage in the amount of \$250,000; City of North Olmsted must be listed as additional insured.
- A certificate of coverage from the Bureau of Workers' Compensation.
- **Fee is \$150.00**

No Workers' Compensation provided because I am a sole proprietor _____ (Initials)