

CITY OF NORTH OLMSTED

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

APPLICATION FOR REGISTRATION

As a _____
(Type of Contractor)

CONTRACTOR NO. _____ DATE: _____

Application is hereby made for a Certificate of Registration 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 is a copy of the License Certificate issued by the State of Ohio to _____ who is, in fact, currently employed by our firm and has agreed to supervise all work installed in relation to this registration.

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)

PLEASE PROVIDE THE FOLLOWING:

- * If applicable, a current license or certificate issued by any trade council, testing institution, accredited board or other trade group.
- * 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 \$100.00.**

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