CITY OF OBERLIN

<u>APPLICATION FOR CONTRACTOR & SUBCONTRACTOR REGISTRATION</u> 69 South Main Street, Oberlin, Ohio, 44074 (440)774-3428 Fax#: (440)774-9714 <u>buildingdepartment@cityofoberlin.com</u>

	initial Application (Enclose \$100 is initial)	.00 for initial registration and \$75.0	o for e	ach additional trade/maximum addition	onal trade \$225.00
	*) for renewal registration and \$50.00	for ea	ch additional trade/maximum additio	nal trade \$150.00
		enewal + \$50 additional trade + \$5			
			ONT.	TA DESCRIPTION OF THE PROPERTY	
	RENEWA	AL has to be prior to March 1 and	ONL	from the PREVIOUS YEAR	
I/V	Ve				
Bu	siness Name/DBA:				_
Wı	ith principal offices located at:	(number & stree	et)		
(ci	ty, state, zip code)		(telephone: area code, number)		
Fe	deral I.D. Number/S.S.N.:	e-mail a	ldress	:	-
Do	hereby make application for the	following Trade Registrations as ch	ecked	below (check all that apply):	
	Building Contractor (General)	☐ Building Moving Contactor		*Electrical Contractor	
	Roofing Contractor	☐ Lawn Sprinkler Contractor		*Plumbing Contractor	
	Sign Contractor	☐ Swimming Pool Contractor		*Mechanical Contractor "HVAC"	
	Siding Contractor	☐ Waterproofing Contractor		*Hydronic/Boiler	
	Glazing Contractor	☐ Excavating & Paving Contrac	or \square	*Refrigeration	
	Landscaping Contractor	☐ Concrete & Masonry Contract	or \square	**Fire Equipment Installer (State#	·)
	Fencing Contractor	☐ Sewer & Potable Water Instal		Plastering/Drywall/Painting Contra	
	Insulation Contractor	☐ Home Improvement Contractor	r 🗆	Other	
	***Must have license from S	tate of Ohio ***Must provid	e certi	ficate from State Fire Marshall's O	office
	☐ A Corporation	on Co-partnership	□ A I	Proprietorship	
Pre	esident's Name:		Driver's License #		
Vi	ce President's Name:		Drive	r's License #	_
Ha	ve you ever pulled permits or be	en registered with the City of Oberli	n? Ye	s No	
Lis	st other cities you have worked a	s a contractor within past two years:			
On	e insurance certification may be	used for multiple registrations but n	nust ind	dicate on certification.	
				d as additionally insured, a copy of	
rec	quired) with this application. (I	<u>f applying by mail, include self-ad</u>	dresse	<mark>ed stamped envelope or pick up reg</mark>	istration.)**
Inc	complete applications will be re	eturned and will delay processing.			
(Si	gnature of Applicant)	(Date)		(Title)	

AFFIDAVIT

STATE OF OHIO	
COUNTY OF	
The undersigned applicant for registration as a contra solemnly swear that the has a minimum of two (2) yea	
	Applicant's Signature
Sworn to before me and signed in my presence this	day of
	Notary Public