

# City of Bay Village

350 Dover Center Road, Bay Village, Ohio 44140

Phone: (440) 899-3400 Fax: (440) 899-3482

## REQUIREMENTS FOR REGISTRATION

1. Application completed and returned
2. Certificate of insurance with the City of Bay Village named as ("CERTIFICATE HOLDER")
3. Fee \$100.00 (one hundred dollars) per registered trade.
4. Licensed contractors must supply a copy of certification from the State of Ohio.
  - **Include a Self addressed, stamped envelope if applying by mail**
  - **Applications missing required documents or information will be returned**

## APPLICATION FOR CONTRACTOR'S REGISTRATION

Applicant: (company name) \_\_\_\_\_

Address: (street, city, state, zip) \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Fed. I.D.# or SS#: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check one:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Builder New Homes  | <input type="checkbox"/> Carpenter/Handyman   | <input type="checkbox"/> Concrete/Masons/Paving |
| <input type="checkbox"/> Fence/Utility Bldgs.   | <input type="checkbox"/> Electrical (requires certification)  | <input type="checkbox"/> General/Remodeler      |
| <input type="checkbox"/> Garage/Door Openers  | <input type="checkbox"/> HVAC (requires certification)  | <input type="checkbox"/> Radon Systems          |
| <input type="checkbox"/> Demolition/Excavation  | <input type="checkbox"/> Plumber (requires certification)   | <input type="checkbox"/> Waterproofing/Sewer    |
| <input type="checkbox"/> Landscaping/Irrigation Systems/Tree Service  | <input type="checkbox"/> Security/Fire/Communication Systems/Low Voltage                                  |   |
| <input type="checkbox"/> Exterior Home Improvement (Window & Door/<br>Painting/Roofing/Siding/Gutters/Insulation) | <input type="checkbox"/> Other (ie.. Pool, sign, lead abatement<br>asbestos removal, satellite dish,etc.) |   |

**CIRCLE ONE:**      CORPORATION      COPARTNERSHIP      PROPRIETORSHIP

If a corporation, answer the following: President's name: \_\_\_\_\_

List other municipalities that your company is registered in: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

.....  
OFFICE USE ONLY

Registration no.: \_\_\_\_\_ Registration date: \_\_\_\_\_ Paid check/cash: \_\_\_\_\_ Amt. \_\_\_\_\_