



City of Bay Village

SAFEbuilt.

350 Dover Center Road, Bay Village, Ohio 44140
Phone: (440) 899-3400 Fax (440) 899-3418

REQUIREMENTS FOR REGISTRATION

1. Application completed and returned
2. Certificate of insurance with the City of Bay Village names 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/
Painting/Roofing/Siding/Gutters/Insulation) | <input type="checkbox"/> Other (ie: Pool, sign, lead abatement
asbestos removal, satellite dish, etc.) | |

CIRCLE ONE: CORPORATION CO-PARTNERSHIP 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. _____