

TO: ALL FUTURE CONTRACTORS

- ❖ Please fill out the (white) Contractor's Application completely. (**Fill in all blanks**).
- ❖ You must provide proof of at least 5 years work experience in the job trade that you want to become licensed in.
- ❖ Also be sure to specify whether you want to engage in Commercial and Residential work or Residential work only.
- ❖ Attach copies of **all** licenses that you hold in other cities.
- ❖ You **must** also include at least 3 reference letters. (Letters must be addressed to City of Lorain and **must** be included with your registration packet!)
- ❖ The affidavit **must** be filled out and signed by someone other than yourself and it must be notarized.
- ❖ Do not fill out or submit the tan application or have your \$25,000 bond form completed by your insurance company until you have called our Office to see if your application has been approved (**call us 3 – 5 days after you submit your application**). Once approved you will submit the tan application along with your bond (on our bond form), your \$1 million liability insurance **per occurrence** (with the City of Lorain the Certificate Holder) and your registration fee.
- ❖ The more information that you can provide about your experience and work History the faster your application can be approved.
- ❖ Your Contractor's Registration fee will not be calculated until you have been approved.

If you have any questions, feel free to contact us @ (440) 204-2045.

******* Applications must have all the required information listed above or it will not be reviewed. THERE ARE NO EXCEPTIONS!**

**NOTIFICATION FOR CHANGE IN
BOND DATE REQUIREMENTS:**

Please be advised that effective May 15, 2007, all Contractors Bonds and Contractors Licenses **shall expire on the same date.**

For example, if your license expires on July 30, 2009, your bond will also need to expire on that date (July 30, 2009).

Any questions, please call (440) 204-2045.

Thank you for your cooperation in this matter.
LORAIN BUILDING DEPARTMENT

DATE: _____

Approved _____ Not Approved _____

**CITY OF LORAIN
BUILDING DEPARTMENT
CONTRACTORS REGISTRATION APPLICATION
ORD. NO. _____**

Type of Registration _____

Applicant's Name _____

(Individual to be registered, not business)

Doing Business As _____ Phone _____

(Must coincide with name on insurance and bond)

Address _____

Years Experience in Trade _____ Contractors Fed ID# _____

Years in Business _____ Applicant's Social Security No. _____

Do you hold licenses in other cities? _____

If so, where? _____

**Give at least 3 references, (including one from a municipal department) to expedite registration process. Please submit reference letters with the application.

1. Inspection Dept: _____ Phone: _____

2. Contractor: _____ Phone: _____

3. Contractor: _____ Phone: _____

4. Personal Reference: _____ Phone: _____

Signature of Applicant _____

Address _____

City, State, Zip Code _____

Telephone No. _____ Fax # _____

Approved By:

Chief Building Official

STATE OF OHIO

COUNTY OF LORAIN

CITY OF LORAIN

AFFIDAVIT OF VERIFICATION

AFFIANT: _____ **BEING FIRST DULY SWORN ACCORDING**
(Person other than applicant)

TO LAW DEPOSES AND SAYS THAT _____ **HAS HAD**
_____ **YEARS PRACTICAL EXPERIENCE IN THE** _____ **TRADE.**
Number (Type)

AFFIANT: _____
(Signature of individual-other than applicant)

(Address, city, state, zip code)

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ **DAY OF** _____ **YEAR** _____

NOTARY PUBLIC

CONTRACTORS REGISTRATION

EXPERIENCE

Name: _____ Address _____

- A. Construction and related trades experience:
(Please lists the types of construction work that you have performed in the last (5) five years (for commercial registration and residential registration). (i.e.: roofing, siding, additions, heating, electrical, etc.)

Construction Projects and Type of Work Performed	Name of Employer Address & Phone	Dates, Length of Time, Years and Months

B. ACADEMIC RELATED VOCATIONAL OR TECHNICAL EDUCATION:

In lieu of experience required, the applicant may qualify with two years of technical training in an accredited school, plus two years of practical experience, or hold a degree from an accredited college or university in the business or trade in which he/she applies to be registered.

COPIES OF CERTIFICATE ATTACHED _____

Signature: _____

Date: _____

Registration No. _____

Date Paid _____

APPLICATION FOR CONTRACTOR'S REGISTRATION

DIVISION OF BUILDING / ELECTRICAL
3RD FLOOR CITY HALL
200 WEST ERIE AVENUE
LORAIN, OHIO 44052

Application is hereby made for a contractor's registration. **As A** (name specific trade) _____ to perform work as (check one of the following) **Commercial** ___ **Residential** ___ **Both** ___ in the construction, alterations, removal and/or demolition of buildings and structures, as a business for profit in the City of Lorain, under the provisions of the Building / Electrical Codes for the City of Lorain.

NAME (individual who holds registration) _____

DOING BUSINESS AS (Name of Company) _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

BUSINESS PHONE _____ **RES. PHONE** _____

CELL PHONE _____ **FAX** _____

SOCIAL SECURITY # _____ **AND/OR F.I. #** _____

I certify that I am the registration holder for the above Company and the above information I have provided is correct.

Signature (of individual who holds registration only!)

\$25,000 bond expiration: _____

Insurance expiration: _____ (must be \$1 million per occurrence)

Registration Fee: _____

Registration expiration: _____ **New Application** ___ **Renewal** ___

CITY OF LORAIN, OHIO
DEPARTMENT OF TAXATION
605 WEST 4TH STREET
LORAIN, OHIO 44052-1605

ORIGINAL
FOR TAX OFFICE USE ONLY
Account Type: _____
W/H Acct.: _____

BUSINESS REGISTRATION FORM
Please Complete Fully, Sign and Return Within 10 Days

1. Local names as used for business purposes, _____

2. Local address _____

3. Federal Identification Number _____

4. Is above address the name office or branch office _____
If branch, give name of address of main office _____

5. Nature of business conducted _____

6. Date Started or acquired in Lorain _____

7. If place of business is located outside of Lorain, do you have earnings resulting from activity in Lorain?

YES or NO (Circle one)

8. Accounting period used for Federal Income Tax purposes:
_____ Calendar Year, ending 12/31 _____ Fiscal Year, ending _____

9. Do you now employ one or more persons? YES or NO (Circle one)

10. Do you at anytime during the year, employ persons who are subject to the Lorain Income Tax and from whom you do not withhold? (i.e. contract labor, independent commission sales brokers, etc.) YES or NO (Circle one)

Copies of all 1099 Misc. Forms for the above mentioned persons are required to be filed by January 31st.

11. Type of business ownership: Individual Proprietorship _____; Corporation _____; Partnership _____; Limited Liability Company _____; Association _____; Non-profit Corporation _____; other _____
FID# _____

12. Owner's name and address:

a) If Individual Proprietorship: _____

Owner's Name _____

Address _____

Social Security Number _____

b) If Corporation:

Corp. FID# _____

Address: _____

President's Name _____

President's SSN _____

Statutory Agent _____

Address _____

13. Accounting Firm:

Name: _____

Address: _____

14. Address to which tax forms are to be mailed:

a) Corporate Net Profit/Loss Return (Form LIT) b) Withholding Statements (Form W-1 & W-3)

Name _____

ATTN. _____

Address _____

Name _____

ATTN. _____

Address _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

Company Representative: _____

Name (please print) _____

Signature _____

Title _____

Phone Number _____ Date Signed _____

IF YOU HAVE ANY QUESTIONS REGARDING THIS QUESTIONNAIRE PLEASE CALL US AT(440) 204-1002 OR FAX US AT (440) 204-1006, MONDAY THRU FRIDAY 8:30 AM TO 4:30 PM.

Bond No. _____

CONTRACTOR’S BOND
CITY OF LORAIN, OHIO

KNOW ALL MEN BY THESE PRESENTS: THAT I, _____
_____ as principal,
and _____ as surety,
are firmly bound and held unto the City of Lorain or to any of its officers, for the use of any person, persons, firm or corporation with whom such principal shall contract to construct, alter, repair, add to, subtract from, reconstruct or remodel any building, structure, or appurtenances thereto or any part thereof, in accordance with the provisions and the requirements of the Codified Ordinances of the City of Lorain, in the penal sum of **Twenty-Five Thousand Dollars (\$25,000)**, lawful money of the United States, for the payment of which sum well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED WITH OUR SEAL AND DATES _____ DAY OF _____ 20__

THE CONDITION of the above obligation is such that, whereas the above bounded principal has made application to the Building Commissioner for a Certificate of Registration as GENERAL/SUBCONTRACTOR to engage in the business of constructing alternating, repairing, adding to, subtracting from, reconstruction remodeling or demolition of any buildings structure or appurtenance thereto or any part thereof, as a business for profit in the City of Lorain, Ohio to do any work in connection therewith, usually done by Contractors, under the provision of Ordinance No. 40-2004 passed on the 5th day of April, 2004 and any other Ordinance of Resolution relating thereto, and any part of the rules and regulations which may from time to time be established by said Building Code and Building Commissioner, during the period BEGINNING _____ and ENDING _____

NOW, if the said principal shall perform all the things required and prescribed by the Building Code of Lorain, then this obligation shall be null and void, otherwise, the same shall remain the full force and effect, it being expressly understood and agreed that the liability of the surety for any and all claims there under shall in no event exceed the amount of this obligation as herein stated.

IF THE SURETY herein shall so elect, this Bond may be canceled at any time by the Surety, herein, by giving the Principal and to the obligee Thirty (30) days written notice of such cancellation.



Principal

Surety

Attorney In Fact