



**CONTRACTOR RENEWAL OR
STATE LICENSED CONTRACTOR
REGISTRATION APPLICATION**

DIVISION OF BUILDING / ELECTRICAL
200 WEST ERIE AVENUE, 5TH FLOOR
LORAIN, OHIO 44052
(440) 204-2045 FAX (440) 204-2540

Date Received _____

Approved Not Approved

Chief Building Official

Cash

Check #

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.

RENEWAL FEES: Commercial-\$150.00 Residential-\$125.00 Both-\$150.00

STATE LICENSED (new applicant): Commercial-\$175.00 Residential-\$150.00 Both-\$175.00

FIRST & LAST NAME (individual who holds registration) _____

DOING BUSINESS AS (Name of Company) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE _____ RES. PHONE _____ CELL PHONE _____

FAX _____ E-MAIL ADDRESS: _____

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!)

Date

PLEASE ENSURE THE FOLLOWING ARE ATTACHED TO EXPEDITE THE APPLICATION:

- Original bond with seal (\$25,000 and expiring a year from date of registration).
- Copy of \$1 Million Liability Insurance. No additional insured on the certificate and the Certificate Holder is to the City of Lorain-Building Division, 200 W. Erie Avenue, 5th Floor, Lorain, OH 44052.
- A copy of your current State License (Electrical, Plumbing, HVAC), if applicable.
- Renewal registration payment.
- Self-addressed stamped envelope to return license to you.

IF YOUR REGISTRATION WITH THE CITY OF LORAIN HAS EXPIRED FOR MORE THAN 12 MONTHS - - YOU MUST COMPLETE THE APPLICATION AS A NEW REGISTRANT AND WILL REQUIRE SUBMISSION OF ADDITIONAL DOCUMENTS.

PLEASE REFER TO OUR WEBSITE (CITYOFLORAIN.ORG) UNDER FORMS FOR SPECIFIC REQUIREMENTS OR CALL THE BUILDING DEPARTMENT FOR MORE INFORMATION.

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 GENERA/SUBCONTRACTOR to engage in the business of constructing, altering, 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 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



CITY OF LORAIN INCOME TAX DEPARTMENT
 605 WEST 4TH STREET, LORAIN OH 44052
 PHONE (440) 204.1002 FAX (440) 204.1006

BUSINESS REGISTRATION FORM
Lorain City Income Tax Rate 2.5%

Company Name _____
 DBA or Trade Name: _____ SSN or Fed ID #: _____
Nine Digit Number

Contact Name: _____ Date Started or Acquired
 in Lorain: _____

Lorain Job Site
 Address: _____ Lorain Phone: _____
 _____ Lorain Fax: _____

Main Office Address: _____

E-Mail Address: _____ Phone: () _____

E-mail Address For
 Net Profit Accounts: _____ Accounting Period Used:
 Calendar Year _____ FYE Month _____

E-mail Address For
 Withholding Accounts: _____ Number of Persons Employed in Lorain: _____

OR: Payroll Service (no forms will be sent)

Type of Ownership: Corporation Partnership 1120S Individual Non-Profit
 Other: _____

Complete The Following Information For All Partners, Officers And/or Associates:

Name: _____ SS#: _____
 Address: _____

Name: _____ SS#: _____
 Address: _____

If The Lorain Location Is Rented Or Leased, Please Provide Name, Address & Phone Of Rental Owner:

Name: _____ Phone: _____
 Address: _____

 Signature Print Name Date

****ALL INFORMATION ON THIS FORM IS CONFIDENTIAL AND IS USED FOR CITY INCOME TAX PURPOSES ONLY****