CITY OF POWELL

CONTRACTOR REGISTRATION

Year submitting payment for _____

The following MUST be provided for registration:

____ ***Completed Registration Form (per company)***

____ ***Fee: $60.00 Annual Registration***
Make check payable to: ***City of Powell***

____ ***Certificate of Liability Insurance –*** *You must provide a current certificate of liability insurance showing the City of Powell as "Certificate Holder."*

____ ***Workers Compensation Certificate-*** *If required by the State of Ohio*

____ ***Applicable licenses –*** *Copy of the State of Ohio License for registrants applying for Electrical, HVAC, Plumbing, Hydronics and Fire Protection Registration.*

Company Name: _____

Type of Business/Contractor:

☐ Building ☐ Concrete ☐ Drywall ☐ Electric ☐ Excavating ☐ Roofing

☐ HVAC ☐ Landscaping ☐ Masonry ☐ Plumbing ☐ Painting ☐ Paving

☐ Sign ☐ Fire Protection ☐ Stucco ☐ Insulation ☐ Other _____

Mailing Address: _____

City / State / Zip: _____

Phone No: _____ Fax No: _____Cell No:_____

E-mail Address: **PLEASE PRINT CLEARLY**

Company Federal I.D. / S.S. Number: _____

Workers Compensation Certificate #_____Expiration Date_____

Contact Name (PRINT): _____

Owner/CEO Name (PRINT): _____

ALL CONTRACTOR REGISTRATIONS EXPIRE DECEMBER 31ST OF THE YEAR ISSUED AND MUST BE RENEWED IN ORDER TO CONTINUE TO DO WORK IN THE CITY OF POWELL.

The undersigned agrees to comply with all applicable building codes and the codified ordinances of the City of Powell. Any registration may be revoked. See Codified Ordinance 1331.04 LICENSE NONRENEWAL, REVOCATION.

Signature: _____ Date: _____