



CONTRACTOR REGISTRATION APPLICATION
CITY OF BRECKSVILLE
BUILDING DEPARTMENT
 9069 BRECKSVILLE ROAD, BRECKSVILLE, OHIO 44141
 TELEPHONE: 440-526-2630 FAX: 440-526-6322

APPLICANT NAME _____

COMPANY NAME _____

COMPANY STREET ADDRESS _____

FAX NUMBER _____

CITY/STATE/ZIP CODE _____

CELL NUMBER _____

PHONE NUMBER _____

FEDERAL ID NUMBER/SOCIAL SECURITY NUMBER _____

EMAIL ADDRESS _____

OFFICERS OR PARTNERS OF COMPANY

(1) _____ (2) _____ (3) _____

TYPE OF CONTRACTOR _____

MUNICIPALITIES REGISTERED IN

Municipality _____ Year _____

Municipality _____ Year _____

Municipality _____ Year _____

Has your license or registration ever been suspended or revoked? _____ If so, give date and locality _____

GIVE THREE REFERENCES WHO ARE NOT RELATED TO YOU: (Name, Phone #, Occupation).

Signature of Applicant

Date of Application

OFFICE USE ONLY

License Number Issued

Check Rec'd Date

Receipt Number

PLEASE BE SURE YOU ARE USING OUR BOND FORM AND THAT THE APPLICATION AND BOND ARE SIGNED AND DATED. BE SURE THE COMPANY NAME APPEARS EXACTLY THE SAME ON YOUR BOND, CERTIFICATE OF INSURANCE, & APPLICATION. MAKE YOUR \$75.00 CHECK PAYABLE TO "CITY OF BRECKSVILLE". CONTINUATION CERTIFICATES OR RIDERS WILL NOT BE ACCEPTED.