



Village of Whitehouse
 Building & Zoning Department
 6925 Providence Street
 PO Box 2476
 Whitehouse, OH 43571
 Ph: 419-877-5383 . Fax: 419-877-5635

CONTRACTOR REGISTRATION FORM

Please Print Clearly

New Re-Register for 20_____

Name of Company: _____ Date: _____

Contact Name and Title: _____

Business Address: _____

Street
City
State
Zip Code

Telephone No: _____ Fax No: _____

E-mail address: _____

Please check the type of work you are qualified to perform:

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> General Contracting | <input type="checkbox"/> Home Builder | <input type="checkbox"/> Remodeling |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Windows | <input type="checkbox"/> Gutters |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> HVAC | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Sign Builder | <input type="checkbox"/> Fencing | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Cabinet Builder | <input type="checkbox"/> Lawn Sprinklers | <input type="checkbox"/> Fire Suppression |
| <input type="checkbox"/> Concrete/Masonry | <input type="checkbox"/> Foundations | <input type="checkbox"/> Repairs/Waterproofing |
| <input type="checkbox"/> Accessory structures | <input type="checkbox"/> Hauling | <input type="checkbox"/> Other _____ |

1. How many years experience do you having doing the type of work as indicated above?

2. How long has your company been in business? _____
3. How long has your company been under current ownership? _____

(See Page 2 on Reverse Side)

4. Do you have employees? Yes No **If yes, please provide a copy of your workers comp certificate.**
5. Do you have subcontractors? Yes No **If yes, each subcontractor must complete a Contractor Registration Form.**
6. If you are a plumbing, electrical, steamfitter, HVAC, refrigeration, or fire suppression systems contractor, you will need to **attach a copy of your State of Ohio registration / license.**
7. **Proof of Liability Insurance is required** from all Sidewalk, Sewer, and Sign Contractors who perform work in Whitehouse. If you do not have a copy, your agent can fax a copy of your certificate of insurance to 419-877-5635.

All contractors doing work in Whitehouse, Ohio must be registered each calendar year. If the information on this form is found to be satisfactory, a Certificate of Registration will be issued. Certificate of Registrations are valid for one calendar year:

Original registration per calendar year \$50.00
Re-registration. In order to qualify for the re-registration discount,
 Registration forms and payment are due by January 31 of each year \$40.00

This form must be signed by an authorized person.

Name of Company: _____

Print your name and title: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Date Received: _____	For Calendar Year: 20____
Method of Payment: _____	Amount: \$_____
Check No. _____	Receipt No. _____