

CITY OF WILLOWICK BUILDING DEPARTMENT  
31230 Vine Street  
Willowick, OH 44095  
440-516-3000

REVISED  
(3/25/09)

APPLICATION FOR REGISTRATION

FEE \$100.00

AS A \_\_\_\_\_ CONTRACTOR  
CITY OF WILLOWICK

To the Building Inspector:

Date \_\_\_\_\_

I/We do hereby make application for a Certificate of Registration to engage in the business of

\_\_\_\_\_  
(Contractor-Heating Contractor-Remodeling Contractor -Sewer

within the corporation limits of the City of Willowick, in accordance with the requirements of Chapter 751 of the Codified Ordinance of the City of Willowick.

I, \_\_\_\_\_  
(applicant-print name)

residing at \_\_\_\_\_  
(applicant's address)

represent myself as authorized by \_\_\_\_\_  
(name of company)

doing business at \_\_\_\_\_  
(address of company) (Phone)

E-mail address \_\_\_\_\_

Business Organization: Check one Corporation ( )  
Partnership ( )  
Proprietorship ( )

I represent that the following are officers of said Company:  
(furnish names, title and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As further evidence of my authority, I herewith submit the following:

\_\_\_\_\_  
(copy of corporation minutes, documents, etc.)

If partnership or proprietorship, explain fully: \_\_\_\_\_

\_\_\_\_\_

Experience and training which qualified me/us for Certificate of Registration are as follows: (State fully your training or schooling, past employment or business associations, years or actual experience at trade, etc.)

\_\_\_\_\_

Federal Employer's Identification Number \_\_\_\_\_

Social Security Number (if sole proprietor) \_\_\_\_\_

I/we do hereby certify that I/we have read the provisions of the Codified Ordinance of the City of Willowick, that I/we are fully aware of the requirements of the same, and that in the event that I/we are required to sublet work that I/we agree only registered contractors, and that any misrepresentations of data or facts will be cause for refusal of Certificate of Registration or revocation of Certificate when issue and that I/we shall abide by all rules and regulations as required.

The following named as reference are not related to me:

<u>Name</u>	<u>Address</u>	<u>Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
**AFFIDAVIT**

County of Lake )  
                  ) SS  
State of Ohio )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

before me, a Notary Public in and for the State of Ohio, personally appeared \_\_\_\_\_ to me known to be the person herein  
(NAME OF APPLICANT)

described and having signed the above application and on oath swears (or affirms) that all statements herein made, are true to the best of his knowledge or belief.

\_\_\_\_\_  
NOTARY PUBLIC

(NOTARY SEAL)