



CONTRACTOR'S REGISTRATION APPLICATION

Revised 11-06-12

CITY OF RAVENNA
530 N. Freedom Street
Ravenna, Ohio 44266
Phone #: 330-296-5607 Fax #: 330-296-1280

BUSINESS INFORMATION

Date: _____ Application Year: _____ Renewal _____ New Registration _____

Company Name: _____ Phone#: _____

Company Contact: _____ Phone#: _____

Company Address: _____ City: _____

State: _____ Zip Code: _____ P.O. Box: _____

_____ Fax#: _____ Email: _____

Type of Work (Mark with an X): Electrician _____ Fire Suppression _____ HVAC _____

Plumber _____ Utility Tapper _____ General Contractor _____ Other _____

OWNERSHIP INFORMATION

Partnership: ____ Corporation ____ Sole Proprietorship ____ Corp. Charter #: _____

List Owner, Managing Partner, President or Statutory Agent information below.

Name: _____ Phone#: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Home Phone#: _____ Cell Phone#: _____

SIGNATORY AGENTS

I acknowledge that this registration requires that my company abide by the laws of the City of Ravenna and the State of Ohio including all adopted codes; furthermore, I swear that all information submitted is true to the best of my knowledge.

Signature: _____ Printed Name: _____

Signature: _____ Printed Name: _____

Signature: _____ Printed Name: _____

Signature: _____ Printed Name: _____

This application must include the following documents and information:

1. Liability Insurance - all amounts below are the minimum coverage:
 - a) \$100,000 per person
 - b) \$300,000 per occurrence for bodily injury
 - c) \$100,000 per occurrence for property damage
 - d) The City of Ravenna must be noted as additionally insured and a certificate holder.
2. Proof of State Registration – all applicable professions
3. Work References - list below

WORK REFERENCE INFORMATION

Work references should include: Contact information from work inspectors, private owners and other municipalities from recent past jobs and projects.

Name 1: _____ Phone#: _____

Address 1: _____ City/State: _____

Name 2: _____ Phone#: _____

Address 2: _____ City/State: _____

Name 3: _____ Phone#: _____

Address 3: _____ City/State: _____

This application must be filled out completely and include all documentation. If it is not, then this application will NOT be processed.

Applicant's Signature: _____

Cost: \$100.00

Water and Sewer Tappers must also complete two other forms:

1. Water, Sanitary and Storm (Utility) Tappers Application
2. Water and Sewer Tappers Bond Agreement.