

DATE: _____
FEE PAID _____

APPLICATION FOR
CONTRACTOR REGISTRATION # _____

MAKE CHECKS PAYABLE TO: **CITY OF BELLEFONTAINE**
MAIL TO : ENGINEERING DEPT. , 135 N. DETROIT ST. BELLEFONTAINE, OHIO 43311
(937-593-0417, FAX 937-592-0655)

NAME _____

ADDRESS _____

CITY _____

PHONE _____ FAX _____

TYPE OF WORK _____

NUMBER OF EMPLOYEES (INCLUDING YOURSELF) _____

DO YOU HAVE LIABILITY INSURANCE ? _____ WITH WHOM ? _____

I HEREBY AGREE WHEN PROPERLY REGISTERED, TO COMPLY WITH ALL CITY CODES AND ORDINANCES AND ASSIST TO THE BEST OF MY ABILITY WITH THE ENFORCEMENT OF SAID REGULATIONS.

I ALSO CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY PART OF THIS APPLICATION IS FOUND TO BE FALSE, MY REGISTRATION SHALL BE REVOKED UPON COMPLETION OF BUILDING PERMITS ISSUED TO ME AND NO NEW BUILDING PERMITS SHALL BE ISSUED.

SIGNED: _____

WITNESSED: _____

REQUIRED: PROOF OF CURRENT INSURANCE COVERAGE FOR CLAIMS AND DAMAGES FOR PERSONAL INJURY AND PROPERTY DAMAGES FOR SAID APPLICANT AND HIS EMPLOYEES.

FEE:	0-4 EMPLOYEES	\$50.00/YEAR FROM JAN. TO JAN.
	5 OR MORE	\$75.00/YEAR FROM JAN. TO JAN.
		\$25.00/YEAR FOR RENEWAL