

CITY OF NILES, OHIO
Building Department
34 W. State Street, Niles, Ohio 44446
Phone: 330 544-9000, ext. 1182
Fax: 330 544-3429

Office use only:	Date:	Receipt:	City Reg. #:
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NEW: ()

CONTRACTOR REGISTRATION

RENEWAL: ()

Do not leave any section blank or registration will not be approved

MUST HAVE INDIVIDUAL'S NAME, HOME ADDRESS & HOME PHONE NUMBER TO REGISTER - NO EXCEPTIONS

Owner/Officer/License Holder Name: _____ **Home Phone:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Federal Identification Number (FEIN) OR Social Security Number: _____

BUSINESS NAME: _____

Business Address: _____

City/State/Zip: _____ Business Phone: _____

Cell Phone: _____

Fax Number: _____

REQUIRED FOR FUTURE ANNUAL REGISTRATION - Email: _____

Type of contractor (General, HVAC, Electric, Plumbing): _____

Please enclose the following:

- 1.) Surety Bond in the amount of TEN THOUSAND DOLLARS (\$10,000.00) **(City of Niles must hold the original bond)**
- 2.) Certificate of Liability Insurance – minimum coverage of (\$300,000.00) **DO NOT SEND A DECLARATION**
The State of Ohio requires HVAC, Plumbing, Electrical, Hydronics and Refrigeration contractors to carry a minimum of \$500,000.00 liability insurance coverage (general aggregate)
- 3.) Ohio Worker's Compensation Certification, if other than sole proprietorship
- 4.) Proof of State or Federal License per House Bill 402, if applicable, (i.e. Electrical, HVAC, Plumber's, Fire Alarm, etc. licenses)
- 5.) A self-addressed, stamped envelope.

Do not submit without all required documents and payment.

If you are a sole proprietor and do not carry Worker's Compensation, please initial here: _____

Contractor Registration renewal date is March 31st of each year.

For more information about the requirements for registration with the City of Niles, Ohio see ORD #38-96 of the Codified City Ordinance

Please complete each section. If item is not applicable, please give reason (i.e. no email address, no cell phone, etc.)

New Contractor Fee: \$50.00

Annual Renewal Fee \$50.00

(Registration fees not refundable)

MAKE CHECKS PAYABLE TO: CITY OF NILES

I, _____, do hereby declare that all information on the above-registration to be true and accurate.

Date: _____ Signature: _____

Respectfully submitted this _____ day of _____, 20_____

Notary Public: _____ Commission expires: _____