

City of Twinsburg
Building Department
10075 Ravenna Rd.
Twinsburg, Ohio 44087
330-963-6270

APPLICATION FOR REGISTRATION OF CONTRACTORS

Federal ID No: _____ Date: _____

Firm Name: _____

Firm Address: _____

Firm City: _____ State _____ Zip _____

Type of Contractor: _____ Phone: _____

E-mail: _____ Fax: _____

Experience and Qualifications: _____

Print Applicant's Name

Applicant's Signature

TO BE COMPLETED BY BUILDING COMMISSIONER:

Insurance: BI \$1,000,000/\$300,000 and PD \$50,000 _____

Yes/No

Expiration Date

Fee: \$75.00 (Ord. 93-1996) Date Paid _____

Approved

Denied

Building Commissioner

Date

Appeal to Board of Building and Zoning Appeals:

Approved

Denied

Date

Number

CITY OF TWINSBURG, OHIO

Bond Number _____

Contractor's Bond _____

KNOW ALL MEN BY THESE PRESENTS: that we, _____
_____ as principle and _____
_____ as surety, and held and firmly bound unto
the _____

in the sum of Ten Thousand Dollars (\$10,000.), for the payment of which will truly be
made, we jointly and severally bind ourselves, our successors heirs, executors,
administrators and assigns.

THE CONDITION OF THE OBLIGATION is such that whereas the
said _____ has made application to
the Building Commissioner for registration as a contractor in the City of Twinsburg.

NOW, if the said _____
Shall be authorized to act as a _____ contractor
entitling him to construct and/or repair any building; or install, re-install, repair, in
whole or in part, reset, alter, convert, and move any proposed or existing system within
the corporate limits of said municipality, for the CURRENT CALENDAR YEAR, and
shall fully and faithfully comply with all the existing provisions of the Building Code
and other ordinances and regulations of the said municipality, or which may be
established in relation to doing said work, and shall indemnify and save harmless the
property owner and the lessee, tenant or other person contracting for the aforesaid work
and materials, guaranteeing that all workmanship and materials are in conformity with
the said Building Code and other laws of the City of Twinsburg, to protect the
municipality and the said property owner, lessee, tenant or other person contracting for
the aforesaid services, from all loss and damage that may be occasioned in any way by
accident, negligence or want of care, skill or attention by the principal or the agents of
the principal in performing such work, then this obligation shall be void; otherwise to
remain in full force and virtue of law.

EFFECTIVE DATE _____ EXPIRES _____

WITNESS our hand and seal this _____ day of _____

Principal

Surety

By: _____

By: _____

Attorney-in-fact

Business Activity:

[Grid for Business Activity]

RITA

- Transportation Non-Manufacturing Manufacturing Wholesale Retail
- Finance Services Public Administration Non-Classification

EMPLOYEE INFORMATION

Do you have any employees? (Fill only one) Yes No Are sub-contractors utilized? (Fill only one) Yes No

If you have employees proceed with employee information. If you do not have employees, proceed to the profit/loss section.

Approx. No. of Employees: [Grid] Approx. Monthly Gross Payroll: \$ [Grid], [Grid], [Grid]. [Grid]

Please contact our business regarding a voluntary residence withholding program. Yes No

Send Withholding Tax Form to:

Business Name: [Grid]

Care of: [Grid]

Address #: [Grid] Suite: [Grid]

Street Name: [Grid]

City: [Grid]

State: [Grid] Zip: [Grid] - [Grid] Phone: [Grid] - [Grid] - [Grid]

If You Are a Non-Profit Organization, Stop Here and Sign at Bottom.

PROFIT/LOSS INFORMATION

Ending Day of Fiscal Year if Other than Calendar Year (mm/dd/yy): [Grid] [Grid] [Grid]

Send the Net Profit Tax Return to:

Business Name: [Grid]

Care of: [Grid]

Address #: [Grid] Suite: [Grid]

Street Name: [Grid]

City: [Grid]

State: [Grid] Zip: [Grid] - [Grid] Phone: [Grid] - [Grid] - [Grid]



FORM 48 B

The Information Hereby Submitted is True and Correct.

Signature: _____ Print Name: _____

Date: _____ Title: _____ Phone: [Grid] - [Grid] - [Grid]