

REGISTRATION NO: _____

DATE ISSUED: _____

APPLICATION FOR CONTRACTOR'S REGISTRATION – CITY OF HIGHLAND HEIGHTS

I do hereby apply for registration to operate as a _____ contractor within the Corporation limits of Highland Heights, Ohio.

_____ Residing at _____
(Name of Applicant – Please Print) (Home Address and City)

As the authorized representative of _____
(Company Name – Please Print)

doing business at _____
(Office Address – Street, City, Zip) (Phone)

Renewal: Yes _____ No _____

Federal Tax I.D. Number: _____

Officers or partners in the Company: _____

Experience, training, business association, years of experience at trade: _____

Name, address, phone number and completion dates of last three jobs:

1. _____
2. _____
3. _____

Name municipalities where you hold licenses/registrations:

	<u>Name</u>	<u>No.</u>	<u>Date Issued</u>
1.	_____	_____	_____
2.	_____	_____	_____

Has your license/registration in any municipality ever been suspended or revoked? _____
If so, give date, year and locality: _____

References: _____ (Name) _____ (Address) _____ (Occupation)

_____ (Name) _____ (Address) _____ (Occupation)

I hereby certify I will abide by the ordinances of the City of Highland Heights. I am fully aware of the requirements of the same. Any misrepresentation of data or facts will be cause for refusal of registration or revocation of registration when issued.

Signature of Applicant

Building Official

Return application with your registration fee to the Building Department, City of Highland Heights, 5827 Highland Road, Highland Heights, Ohio, 44143.

Building Department Phone No. 440-442-7403 Building Department Fax Number 440-473-1994
