



# CITY OF BROOKLYN

7619 Memphis Avenue, Brooklyn, OH 44144  
Phone 216-351-2133 Fax 216-351-5800

1. All persons/companies doing work in the City of Brooklyn, Ohio must be registered with the City.
2. **Attach the following to the 2017 Contractor Registration Application:**
  - A. A certificate of liability insurance naming the City of Brooklyn as certificate holder with a minimum of \$300,000.00.
  - B. A current State of Ohio Electrical, HVAC, Plumbing or Fire Protection certificate if applicable.
  - C. A \$100.00 check or money order for the contractor registration. If paying by Credit Card please contact the Building Department at 216-635-4203.
  - D. The contractor registration must be notarized.
  - E. Applications will be accepted and processed on or after December 1, 2016 for the 2017 calendar year.
  - F. A self-addressed stamped envelope.

## **ALSO Chose Two trade categories to be listed in on our website**

AMUSEMENT  
ASPHALT/PAVING  
CONCRETE/PAVING  
ELECTRICAL  
EXCAVATION  
FENCE  
FIRE PROTECTION  
FLOORING  
GENERAL- COMMERCIAL  
GENERAL- RESIDENTIAL  
HANDYMAN  
HVAC  
INSULATION  
KITCHEN/BATH  
REMODELING

LANDSCAPING  
MASONRY  
PAINTING  
PLUMBING  
ROOFING  
SEWER  
SIDING/GUTTERS  
SIGN  
STEEL ERECTORS  
STORAGE SHEDS  
SEWER  
TENT INSTALLER  
WINDOW AND DOOR  
WATERPROOFING



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Fee 100.00

Please Print:

I \_\_\_\_\_ do hereby make application to operate as a \_\_\_\_\_  
(Company Officer) (Two Trades from list)

contractor within the corporation limits of Brooklyn, Ohio and I am the authorized representative of

\_\_\_\_\_ located at \_\_\_\_\_  
(Company DBA Name) (Company full Mailing Address)

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Cell# \_\_\_\_\_ Email Address \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

Certificate of insurance naming the City of Brooklyn as the certificate holder with a minimum of \$300,000 is required and must be attached to application.

The following are officers or principals in the above-named company (one of which must sign below)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

List of services your company can provide to residents:

\_\_\_\_\_

List other Municipality in which you hold a license or registration:

Municipality: \_\_\_\_\_ License#: \_\_\_\_\_ Date issued: \_\_\_\_\_

Do you have a State of Ohio license in Electrical, HVAC, Plumbing or Fire Protection? **Yes or No**

If yes, please attach a copy of license

Is your company aware of the responsibility to comply with all rules and regulations of the Ohio Utility Protection Service?

**Yes or No**

Is your company aware of the responsibility to comply with all rules and regulations of the Lead Safe Work Practices?

**Yes or No**

I do hereby certify that I will abide by the provisions of the Brooklyn Codified Ordinances, which I am fully aware of the requirements of the Building Codes that all required permits will be obtained and this will be strictly observed subject to forfeiture of the Certificate of Registration. By signing below I also hereby acknowledge I will contact Ohio Protection Services (800-362-2764) and abide by the EPA Lead Safe Work practices if applicable. I do hereby certify that the facts contained in and attached to the foregoing application are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Office Listed Above

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Notary Signature, State and Seal

\_\_\_\_\_  
Date of Application