



CITY OF BROOKLYN

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

2020

- * All persons/companies doing work in the City of Brooklyn, Ohio must be registered.
- * The contractor registration *must be notarized*.
- * Applications will be accepted and processed *on or after December 1, 2019 for the 2020 calendar year*.
- * *We will e-mail registration license to email address listed on form* or include a self-addressed stamped envelope.

NO BOND REQUIRED

Attach the following to the 2020 Contractor Registration Application:

- A Certificate of liability insurance naming the City of Brooklyn as certificate holder with a minimum of \$300,000.00. Can be faxed to 216-351-5800 or emailed to dneal@brooklynohio.gov
- A Current State of Ohio License for Electrical, HVAC, Plumbing or Fire Protection (*if applicable*)
- A \$100.00 cash, check, credit card or money order. If paying by Credit Card please contact the Building Department at 216-635-4203 after form is faxed or email.

Form can be emailed to dneal@brooklynohio.gov IF notary used a rubber stamp.

Then call in with credit card information

Trade categories to be listed in on our website up to 2
Do not circle. Write on the trade line of the application

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

Registration with R.I.T.A (www.ritaohio.com) is required when performing work in the City of Brooklyn



CITY OF BROOKLYN

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

2020 Contractor Registration

Please Print Clearly or Type

Circle one: Commercial or Residential or Both

Do you want listed on our website? Yes/no

I _____ am the Principal owner of _____
(Principal Owner or someone with financial accountability) (Company DBA Name must match license and insurance)

located at _____ do hereby make
(Company full Mailing Address including City, State and Zip Code)

application and to operate as a _____ contractor within the City of Brooklyn, Ohio
(Up to two trades for one fee from list on page one)

Phone # _____ Email Address _____

Cell # _____ Fax # _____

Federal Tax ID# _____

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 State License

List of employees other than applicant your company authorized to pull permits:

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.

IF notary uses a rubber stamp application can be faxed to 216-351-5800 or emailed to dneal@brooklynohio.gov

**** THIS PORTION MUST BE SIGNED AND ACKNOWLEDGED IN FRONT OF A NOTARY ****

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 Principal Owner Listed Above Printed Name

State of _____

County of _____ } ss

Sworn to and subscribed in my presence this _____ day of _____, 20_____.

Signature of Person Taking Acknowledgment Printed Name