

APPLICATION FOR CONTRACTOR'S REGISTRATION

DATE: _____

FEE: \$50.00

COMPANY NAME: _____

CONTACT PERSON: (if different from above) _____

COMPANY OWNER/PRINCIPAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ CELL: _____

FEDERAL ID # _____ or SSN# _____

FISCAL YEAR END _____

ADDRESS/LOCATION OF JOB SITE: _____

TYPE OF WORK: _____

HAVE YOU WORKED IN THE VILLAGE OF HIGHLAND HILLS PREVIOUSLY?
YES _____ NO _____

Email: _____

IS THE PROPOSED JOB SITE IN CHAGRIN HIGHLANDS? YES _____ NO _____

IS THE WORK? RESIDENTIAL _____ COMMERCIAL _____

TYPE OF LEGAL ENTITY: INDIVIDUAL _____
 CORPORATION _____
 PARTNERSHIP _____
 OTHER _____

INSURANCE COMPANY: _____ AMOUNT: \$ _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP _____

PRINT NAME & TITLE

SIGNATURE OF APPLICANT