

## CITY OF WICKLIFFE REGULATIONS FOR CONTRACTOR REGISTRATION

The following application must be filled out and returned with a **\$100.00 fee** (checks payable to City of Wickliffe).

1. You must show proof (copies of) Registration in other communities; if you are not, you must have three (3) notarized letters from satisfied customers for work performed in your name. A copy of a State/County license is also sufficient.
2. Renewal fee every year/mail after 12/15 will be \$100.00.
3. The attached City bond in the amount of \$10,000.00 must be on city bond form, and completed by your bond/insurance company with **POWER OF ATTORNEY** attached. The bond must be signed by Principal (owner).
4. You must provide a Federal ID number of SS number on application form.
5. A Certificate of Insurance to the City of Wickliffe (Certificate holder is City of Wickliffe) in your name, indicating evidence of liability insurance for bodily injury in the amount of at least \$100,000/\$3,000,000) and for property damage in the amount of at least \$50,000.
6. For Plumbers/Sewer Tappers/ Waterproof the certificate must include **"City of Wickliffe Additional Insured"** on certificate.
7. The Registration/Bond shall be for a term of one (1) year, January 1 through December 31, but may be renewed upon annual payment of \$100.00. It is the Contractor's responsibility to make sure that insurance is updated according to expiration date(s).
8. Must provide a copy of current Ohio Bureau of Worker's Compensation Certificate with your application.
9. The City has the power to **REVOKE** any and all Registration Certificates where contracting work is installed contrary to the Ordinances of the City of Wickliffe.



DEPARTMENT OF PUBLIC SAFETY
DIVISION OF BUILDING ENGINEERING AND INSPECTION
APPLICATION FOR LICENSE OR REGISTRATION

FEE: \$100.00

No. \_\_\_\_\_ Date: \_\_\_\_\_
(city reference only)

Application is hereby made for a license or Certificate of Registration to engage in the business of \_\_\_\_\_ within
the corporate limits of the City of Wickliffe, Ohio in accordance with the requirements of Chapters 1112 and 1113 of the Codified
Ordinances of the City of Wickliffe, Ohio.

I, \_\_\_\_\_, residing at \_\_\_\_\_
\_\_\_\_\_
City/State/Zip Telephone

represent myself as the authorized officer of \_\_\_\_\_
Company Name

located at \_\_\_\_\_, \_\_\_\_\_
City/State/Zip

Telephone \_\_\_\_\_ and Cell Phone Number \_\_\_\_\_

Federal ID \_\_\_\_\_ and Social Security Number \_\_\_\_\_

Number of years in business \_\_\_\_\_

Experience \_\_\_\_\_

I/We, do hereby certify that I/we have read the provisions of the aforementioned chapters of the Codified Ordinances and that I/we
are fully aware of the requirements of same. In the event that I/we are required to sublet work, I/we agree to engage only licensed
and registered contractors and that any misrepresentation of dates or facts will be cause for refusal of Certificate of Registration or
revocation of Certificate of Registration when issued and that I/we shall abide by all rules and regulations as required.

MUST SUBMIT COPIES OF EACH.

Validating City of Cleveland Registration Number: \_\_\_\_\_

Other Validating City Registration Number (1): \_\_\_\_\_

Registration Number (2): \_\_\_\_\_

Registration Number (3): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Job Address: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Building Official



## MUNICIPAL INCOME TAX DEPARTMENT TAX QUESTIONNAIRE

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
DBA: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Home Office (if applicable): \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

### JOB LOCATION:

Business Organization: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_  
Corporation \_\_\_\_\_ Other \_\_\_\_\_

Date of Completion of this Form: \_\_\_\_\_

For Corporations, list full name, address, social security numbers and phone numbers of each Officer (use back of form if necessary):

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

For Sole Proprietorship, list full name, address, social security number and phone number:

For Partnership Entities, list full names, addresses, social security numbers and phone numbers of each partner (use back of form if necessary):

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

Accounting Period: Calendar Year: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_ Month Ending: \_\_\_\_\_

Date Wickliffe Business operations began: \_\_\_\_\_

Company's Accountant: \_\_\_\_\_

### PAYROLL INFORMATION:

Company Payroll contact: \_\_\_\_\_

Are you a Residence Tax withholder only? \_\_\_\_\_

Date Payroll began in Wickliffe: \_\_\_\_\_

Approximate number of Wickliffe Employees: \_\_\_\_\_

Will City withholding tax exceed \$100 per month? \_\_\_\_\_

Do you presently use an outside payroll service? \_\_\_\_\_

Does your outside payroll service require start up information from Wickliffe? \_\_\_\_\_

Do you lease employees from an employment agency? \_\_\_\_\_

If yes, please provide name of Agency: \_\_\_\_\_

Full Name, address and phone number of the person(s) or entity to whom your Wickliffe location pays rent: \_\_\_\_\_

Above information is required – Forward completed form to: City of Wickliffe – Income Tax Department  
P.O. Box 125, Wickliffe, Ohio 44092 - 0125

Forms may be faxed to: 440-943-7119



## CONTRACTOR'S BOND

**KNOW ALL MEN BY THESE PRESENTS, THAT** \_\_\_\_\_ As principal and \_\_\_\_\_ as surety are held and firmly bound unto the City of Wickliffe, or to any of its officers, for the use of any person, persons, firm or corporation with whom such principal shall contract to construct, alter, repair, add to, subtract from, reconstruct or remodel any building. Structure or appurtenance thereto or any part thereof, in accordance with the provisions and the requirements of the Building Code of the City of Wickliffe, in their penal sum of Ten Thousand Dollars (\$10,000.00) lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firm by these presents.

Sealed with our seals and dated this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_

**THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH,** that, whereas the above bounder, \_\_\_\_\_ has made application to the Commission of Building for a Certificate of Registration as a contractor to engage in the business of \_\_\_\_\_ within the City of Wickliffe during the calender year beginning \_\_\_\_\_ and ending December 31, 20 \_\_\_\_\_

**NOW, THEREFORE,** if the said \_\_\_\_\_ shall well and truly indemnify, keep and save harmless the City of Wickliffe, or any of its agents or officials for the use of any person, persons, firm, or corporation with whom such contractor shall contract to do work, and shall indemnify and pay any such person, firms or corporations for damage sustained on account of the failure of such contractor to perform the work so contracted for in accordance with the provisions of the Building Code of Wickliffe, and any and all lawful rules and regulations promulgated under the authority thereof, and from or by reason or on account of anything done under and by virtue of any permits issued under such registration for the doing of any work required to be done in the construction, alteration, repair, addition to, subtraction from, reconstruction or remodeling of any building, structure or appurtenance thereto or any part thereof, then this obligation shall be null and void, otherwise to remain in full force and effect.

By Principal \_\_\_\_\_ (seal)

Address \_\_\_\_\_

Surety \_\_\_\_\_

Address \_\_\_\_\_

By: \_\_\_\_\_