## Dear Contractor:

Please be informed that all contractors, sub-contractors, firms, corporations or persons performing work in the Village of Monroeville are required by Ordinance to register with the Village and provide copies of their insurance policies to the Village's Administrative Offices prior to commencing any work. In addition, all required permits must be obtained and fees paid prior to commencing work.

The contractor registration fee is \$25.00 for first time contractors, or \$10.00 for contractors who have registered in the immediate prior year, effective January 1st of each year. The minimum required amount of the contractor's liability insurance shall be \$500,000.00. The Village of Monroeville shall be named as additional insured for any work to be performed on Village owned property. The fee and insurance information shall be submitted to the Monroeville Administrative Offices either by mail or in person. Please enclose a self-addressed stamped envelope when registering by mail and a copy of your accepted registration will be mailed to you. If no stamped return envelope is provided, your registration will be held in the Administrative Offices for pick up by someone from your company.

Contractors working without proper registration will be cited by Ordinance.

## Application for Contractor's Registration Certificate as required by Ordinance No 2011-11 Please print all information clearly.

## THIS FORM MUST BE FILLED OUT COMPLETELY

Company name	Federa	l ID#	SSN	
Dba	Type of work performed			
Contact person		Do you sub-contract? City State Zip		
Office address	(	Sity	State	Zip
Office phone ( )	Cell phone ( )		Fax ( )_	
Evening phone ( )	Home address		State	Zip
E-mail address				
Are you registered with	other municipalities?			
Have you ever been refu	sed registration, or had your regis	tration suspended	l or revoked? Yes	No
If yes, by whom?		<del></del>		
of Ohio and the United S	I codes, ordinances, laws and regulates of America.			·
*******	THANK YOU FOR YO			******
Office use only – please d	o not write below the line.			
Payment enclosed \$	Check #	Check date _	Date rec	ceived
Receipt #	Insurance expiration date	Registration No		
Trade				
Specific project (if known	n)			

Form # \_\_\_\_\_