



VILLAGE OF

# MONROEVILLE

## CONTRACTOR REGISTRATION

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 1<sup>st</sup> 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 \_\_\_\_\_ Federal ID# \_\_\_\_\_ SSN \_\_\_\_\_  
 Db a \_\_\_\_\_ Type of work performed \_\_\_\_\_  
 Contact person \_\_\_\_\_ Do you sub-contract? \_\_\_\_\_  
 Office address \_\_\_\_\_ City \_\_\_\_\_ 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 refused registration, or had your registration suspended or revoked? Yes \_\_\_\_\_  
 No \_\_\_\_\_  
 If yes, by whom? \_\_\_\_\_

I/We agree to abide by all codes, ordinances, laws and regulations of the Village of Monroeville, Huron County, State of Ohio and the United States of America.

Signature \_\_\_\_\_ Title \_\_\_\_\_

**THANK YOU FOR YOUR COOPERATION.**

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Office use only – please do not write below the line.

Payment enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_ Check date \_\_\_\_\_ Date received \_\_\_\_\_

Receipt # \_\_\_\_\_ Insurance expiration date \_\_\_\_\_ Registration No \_\_\_\_\_

Trade \_\_\_\_\_

Specific project (if known) \_\_\_\_\_

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