



City of Brunswick
Division of Permits and Inspections
4095 Center Road
Brunswick, Ohio 44212
(330) 558-6830

FOR OFFICE USE ONLY
Registration # _____
Receipt # _____

ANNUAL CONTRACTOR AND SUBCONTRACTOR BUSINESS REGISTRATION FORM

REGISTRATION IS REQUIRED OF ALL CONTRACTORS AND SUBCONTRACTORS PERFORMING WORK, OR PROVIDING SERVICES COVERED BY THE BUILDING CODE, PRIOR TO THE ISSUANCE OF A PERMIT (Chapter 1442 of the City of Brunswick Codified Ordinances). *Contractors who begin work in the city without first registering may be subject to a stop work order and court citation. The fine for this offense is considered to be a first-degree misdemeanor with a daily penalty of up to \$1000 and 6 months in jail.*

APPLICATION REQUIREMENTS

Failure to include the following may delay the processing of your application.

- REGISTRATION FEE - \$125** Check payable to the City of Brunswick.
 - a. Additional \$125 is required for each additional state certified registration type.
- \$25,000 INDEMNIFICATION BOND**
 - a. Only original bonds will be accepted.
 - b. Bond is to **expire December 31st** of the current year. If registering after November 1st the bond may be written so that it will expire on December 31st of the following year.
 - c. The City of Brunswick does not provide a bond form.
- LIABILITY INSURANCE**
 - a. Name the City of Brunswick as Certificate Holder.
 - b. Bodily Injury in the amount of **\$100,000/\$300,000** (per person) for accidental injury.
 - c. Property Damage in the amount of at least **\$50,000**
- STATE CERTIFICATION** – Attach a copy of the state license for Electrical, HVAC, Plumbing, Automatic Sprinklers and Fire Protection, and Alarm Systems
- OHIO BUREAU OF WORKERS' COMPENSATION CERTIFICATE**
- SELF-ADDRESSED, STAMPED ENVELOPE**

Company Name and Address: _____

Federal Tax ID or SS#: _____

Phone: _____

Fax: _____

Cell: _____

E-Mail: _____

Business Trade Name, if different from above: _____

Mailing Address, if different from above: _____

Contact Name: _____ Last Day of Accounting/Fiscal Year? _____

Officer's/Owner's Name: _____

Officer's/Owner's Address: _____

Phone: _____

Type of Organization:

- Corporation S-Corp
- Sole Proprietor Partnership
- Non-Profit Organization

Full completion of this form serves as registration with the City of Brunswick Income Tax Department as required by Section 880.045 of the Business Regulation and Taxation Code of the City.



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***SOLE PROPRIETORS, PARTNERSHIPS, AND UN-INCORPORATED BUSINESSES:** Provide names, addresses, and social security numbers of all owners on the back of this form.

Will you have employees working in the City of Brunswick? _____ If so, how many? _____

Year that you were last registered as a Contractor with the City of Brunswick: _____

Brunswick project location: _____

Contractor Registration Type: _____
(For Example: General, Concrete, Electrical, Roofing, Plumbing, etc.)

- Current Codes:**
- 2013 Ohio Residential Code
 - 2011 Ohio Building Code
 - 2011 Ohio Plumbing Code
 - 2011 National Electrical Code

	YES	NO
1. Does your business utilize subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
2. If your answer to Question 1 is "Yes," have you listed all subcontractors in Block No. 17 of this application?	<input type="checkbox"/>	<input type="checkbox"/>
3. If your answer to Question 1 is "Yes," do you certify that all subcontractors utilized will obtain a Certificate of Registration from the City prior to being utilized in any project in the City?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you certify that all individuals being issued an IRS Form 1099 will be considered independent contractors and will obtain a Certificate of Registration from the City prior to being utilized in any project in the City?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is evidence attached from a proper licensing authority, if applicable, that the applicant has received all necessary licenses? If "Yes," please list license registration type: License Type: _____ License #: _____ State: _____ License Type: _____ License #: _____ State: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you certify that your business has not had a license revoked in any state or municipality?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you certify that your business has not been penalized or debarred from any public contract in the previous five (5) years for providing falsified certified payroll records or other violation of the Fair Labor Standards Act?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you certify that your business maintains a substance abuse policy for its personnel per Ohio Governor's Executive Order No. 2002-13T?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your business have current Ohio Workers' Compensation Coverage and is a copy attached?	<input type="checkbox"/>	<input type="checkbox"/>
10. If your answer to Question 9 is "Yes," do you certify that your business does not have a Bureau of Workers' Compensation Experience Modification Rating greater than 2.0? If no, please explain:	<input type="checkbox"/>	<input type="checkbox"/>



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	YES	NO
11. Do you certify that your business has not had any “serious,” “intentional,” or “willful” violations of any Occupational Safety and Health Administration regulations in the previous two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you certify that your business has not had any convictions for violations of the Brunswick Building or Zoning Codes within the previous five (5) years? If no, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you obtained, and attached, the original \$25,000 indemnification bond required by City of Brunswick Codified Ordinance Section 1442.05?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you certify that your business has not had any performance or indemnification bonds exercised on any projects within the previous ten (10) years? If no, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your business have a Certificate of Liability Insurance Policy with a policy limit of at least \$1,000,000 each occurrence and \$2,000,000 general aggregate? If “No” what are your limits? \$ _____ Each Occurrence; \$ _____ General Aggregate	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you attached a copy of the Certificate of Liability Insurance Policy?	<input type="checkbox"/>	<input type="checkbox"/>

17. FOLLOWING IS A LIST OF SUBCONTRACTORS TO BE UTILIZED, INCLUDING ADDRESS AND CONTACT INFORMATION, WHICH LIST MUST REMAIN CURRENT, AND UPDATED IN WRITING WITH THE CITY AS NECESSARY.

Name of Subcontractor	Address and/or Contact Info	Trade



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All contractors (whether engaged as a prime or subcontractor) must fully comply with all applicable city, state and federal codes including, but not limited to: worker’s compensation laws, unemployment compensation laws (whether state and/or federal), all applicable withholding taxes for employees, and applicable permit fees. Failure to comply may result in fine and/or imprisonment as otherwise provided by law as well as revocation of registration.

I, _____, BEING DULY AUTHORIZED BY THE CONTRACTOR OR SUBCONTRACTOR TO RESPOND TO THE ABOVE QUESTIONS, DO HEREBY CERTIFY AND DECLARE UNDER PENALTY OF PERJURY, THAT I HAVE READ ALL OF THE FOREGOING ANSWERS, AND THAT THOSE ANSWERS ARE TRUE TO THE BEST OF MY ACTUAL KNOWLEDGE AND BELIEF, AND HAVE HAD THE OPPORTUNITY TO REVIEW CHAPTER 1442 OF THE BRUNSWICK CODIFIED ORDINANCES AND WILL ADHERE TO AND COMPLY WITH ALL REQUIREMENTS OF CHAPTER 1442.

Signed: _____

Date: _____

Print Name and Title: _____

STATE OF OHIO)
) SS
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared the above-named _____, who acknowledged before me that _____ did sign the foregoing instrument and that the same is _____ free act and deed.

IN WITNESS WHEREOF, I have hereunto affixed my name and official seal at _____, Ohio, this _____ day of _____, 20____.

(SEAL)

Notary Public
My Commission Expires: _____