

# APPLICATION FOR FIRST TIME CONTRACTOR REGISTRATION



**City of Brunswick**  
**Division of Building**  
**4095 Center Road**  
**Brunswick, Ohio 44212**  
**(330) 558-6830**

Registration # \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
**FOR OFFICE USE ONLY**

**REGISTRATION IS REQUIRED OF ALL CONTRACTORS & 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 & court citation. The fine for this offense is considered to be a first-degree misdemeanor with a daily penalty of up to \$1000 & 6 months in jail.*

**APPLICATION REQUIREMENTS CHECK-LIST OF ATTACHMENTS:**

*(Failure to include the following WILL delay the processing of your application).*

1.  **REGISTRATION FEE - \$125** Check payable to the **City of Brunswick**.  
 a. Additional \$125 is required for each additional state certified registration type.
2.  **\$25,000 INDEMNIFICATION BOND**  
 a. Only **ORIGINAL** bonds will be accepted.  
 b. Bond is to **expire on December 31<sup>st</sup>** of the current year. If registering after November 1<sup>st</sup> the bond should be written so that it will **expire on December 31<sup>st</sup>** of the following year.  
 c. The City of Brunswick does not provide a bond form.
3.  **CITY OF BRUNSWICK - Income Tax Business Registration/Application/Form.**  
 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 & Taxation Code of the City
4.  **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
5.  **CURRENT STATE CERTIFICATION IF APPLICABLE –** Attach a copy of the state license for: Electrical, HVAC, Plumbing, Automatic Sprinklers & Fire Protection, & Alarm Systems
6.  **OHIO BUREAU OF WORKERS' COMPENSATION CERTIFICATE**
7.  **IF APPLICABLE, A List Of Subcontractors To Be Utilized, Including Address & Contact Information, This List MUST Remain Current & MUST Be Updated In Writing With The City As Changes Occur**
8.  **A STAMPED, SELF-ADDRESSED ENVELOPE (if you desire a copy of your registration mailed to you)**

**Company Name & Address:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_


Business Trade Name, (**DBA**) 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: \_\_\_\_\_  
 (if same state that) \_\_\_\_\_  
 Phone: \_\_\_\_\_

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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, HVAC, Plumbing, Roofing, etc.)

**Current Codes:**

- 2017 Ohio Building Code
- 2017 Ohio Mechanical Code
- 2017 Ohio Plumbing Code
- 2018 International Fuel Gas Code
- 2018 National Electrical Code (Residential)
- 2018 National Electrical Code (Commercial)
- 2019 Residential Code of Ohio

	YES	NO
1. Does your business utilize subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you answered yes to Question 1, have you listed all subcontractors in Block 17 of this form?	<input type="checkbox"/>	<input type="checkbox"/>
3. If you answered yes to Question 1, 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 & 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 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 & 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"/>
11. Do you certify that your business has not had any serious, intentional, or willful violations of any Occupational Safety & Health Administration Regulations in the previous 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 5-years? If answering no, please attach explanation.	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
13. Have you obtained, & attached, the <b>ORIGINAL</b> \$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 10-years? If no, please <u>attach</u> an explanation.	<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 & \$2,000,000 general aggregate? If No state your limits? \$ _____ Each Occurrence; \$ _____ General Aggregate	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you attached a copy of the <u>Certificate of Liability Insurance Policy</u> ?	<input type="checkbox"/>	<input type="checkbox"/>

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

Name of Subcontractor	Address &/or Contact Info	Trade	Reg #

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All contractors (whether engaged as a prime or subcontractor) must fully comply with all applicable City, State & Federal codes including, but not limited to: worker’s compensation laws, unemployment compensation laws (whether State &/or Federal), all applicable withholding taxes for employees & applicable permit fees. Failure to comply may result in fine &/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 & DECLARE UNDER PENALTY OF PERJURY, THAT I HAVE READ ALL OF THE FOREGOING ANSWERS, & THAT THOSE ANSWERS ARE TRUE TO THE BEST OF MY ACTUAL KNOWLEDGE & BELIEF, & HAVE HAD THE OPPORTUNITY TO REVIEW CHAPTER 1442 OF THE BRUNSWICK CODIFIED ORDINANCES & WILL ADHERE TO & COMPLY WITH ALL REQUIREMENTS OF CHAPTER 1442.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

STATE OF OHIO                    )  
   ) SS  
 COUNTY OF \_\_\_\_\_ )

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


IN WITNESS WHEREOF, I have hereunto affixed my name & official seal

at \_\_\_\_\_, Ohio, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

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## City of Brunswick, Ohio

Income Tax Department, 4095 Center Rd., Brunswick, OH 44212  
 330-558-6815

### Business Questionnaire

**Company Name and Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Federal Tax ID#** \_\_\_\_\_  
 or  
**Owner's Social Security#** \_\_\_\_\_  
**Calendar-Year or Fiscal-Year?** \_\_\_\_\_  
**If Fiscal-Year, ending month?** \_\_\_\_\_

**Business Trade Name, if different from above:** \_\_\_\_\_  
**Nature of Business:** \_\_\_\_\_  
**Mailing Address, if different from above:** \_\_\_\_\_  
**Brunswick work location:** \_\_\_\_\_  
**Landlord, if renting building space:** \_\_\_\_\_  
**Will you have employees working in the city of Brunswick?** \_\_\_\_\_ **If so, how many?** \_\_\_\_\_  
**Officer's/Owner's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Officer's/Owner's Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Type of Organization:** \_\_\_ Corporation \_\_\_ S-Corp \_\_\_ Sole Proprietor \_\_\_ Partnership \_\_\_ Non-Profit Organization  
 Sole Proprietors, Partnerships, Unincorporated businesses, provide names, addresses, and social security numbers of all owners (use back if additional space is needed)  
 :  
 \_\_\_\_\_  
 \_\_\_\_\_

**List the name and address of any sub-contractors that you will use on the back.**  
  
**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name and Title:** \_\_\_\_\_