APPLICATION FOR CONTRACTOR REGISTRATION

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

(Chapter 1442 of the City of Brunswick Codified Ordinances **REGISTRATION IS REQUIRED OF ALL CONTRACTORS & SUBCONTRACTORS PERFORMING WORK, OR PROVIDING SERVICES COVERED BY THE BUILDING CODE, PRIOR TO THE ISSUANCE OF A PERMIT**). *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 a first-degree misdemeanor with a daily penalty of up to $1000 & 6 months in jail.*

APPLICATION REQUIREMENTS CHECK-LIST OF ATTACHMENTS:

(Failure to submit a complete package with the required documents and payment will result in the application being returned).

******ALL PAGES MUST BE COMPLETED******

1. **REGISTRATION FEE** - **$125** Check **payable to** the **City of Brunswick**.
   a. Additional $125 is required for each additional state certified registration type and/or each scope of work.
2. Completed application for Contractor Registration – **ALL PAGES MUST BE COMPLETED INCLUDING PAGE 5 – WHICH IS TO BE NOTARIZED**
3. **$25,000 INDEMNIFICATION BOND** - An original completed and seal-embossed City of Brunswick Contractor Registration Bond form. **You must use the City of Brunswick form and Continuation Bonds will not be accepted.**
   a. Only **ORIGINAL** bonds with a **SEAL** will be accepted.
   b. Bond is to **expire on December 31st** of the current year. If registering after November 1st, the bond should be written so that it will **expire on December 31st** of the following year.
   c. The City of Brunswick does provide a bond form which is included in this packet.
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. **CITY OF BRUNSWICK – Income Tax Business Registration/Application/Form (Page 7).** 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.
6. **CURRENT STATE CERTIFICATION IF APPLICABLE** – Electrical, HVAC, Refrigeration, Hydronics and Plumbing trades shall furnish evidence of a current license issued by the Ohio Construction Industry Licensing Board. Fire Suppression and Fire Alarm/Detection trades shall furnish evidence of a current license issued by the Ohio Fire Marshal's Office.
7. **OHIO BUREAU OF WORKERS' COMPENSATION CERTIFICATE**
8. **IF APPLICABLE**, a list of Subcontractors to be utilized, including address and contact information, this list must remain current and must be updated in writing with the City as changes occur.
9. **A STAMPED, SELF-ADDRESSED ENVELOPE** (if you desire a copy of your registration mailed to you, otherwise, it will be emailed along with the receipt).

THE SUBMISSION OF INCOMPLETE APPLICATIONS, LACK OF NOTARY SEAL/STAMP, LACK OF PAYMENT AND/OR LACK OF AN EMBOSSED SEAL SHALL RESULT IN THE APPLICATION BEING RETURNED TO THE CONTRACTOR.

APPLICATION FOR CONTRACTOR REGISTRATION

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

I hereby make application for a Certificate of Registration as a contractor to engage in the business of: (Indicate the trade(s) for which this application is being made)

☐ GENERAL CONTRACTOR	☐ ELECTRICAL PROVIDE STATE LICENCE	☐PLUMBING PROVIDE STATE LICENSE	☐ HVAC PROVIDE STATE LICENSE	☐ REFRIGERATION PROVIDE STATE LICENSE	☐ HYDRONICS PROVIDE STATE LICENSE
☐ FIRE PROTECTION PROVIDE STATE LICENSE	☐ CONCRETE	☐ LANDSCPING	☐ ROOFING	☐ EXCAVATING	☐ LOW VOLTAGE
☐ WATERPROOFING	☐ SIGN	☐ FENCE	☐MASONRY	☐ POOLS	☐TREE SERVICE
☐ RIGHT-OF-WAY	☐ OVERHEAD	☐ FIBER	☐ INSULATION	☐ OTHER	

☐**NEW** (NOT previously registered with the City of Brunswick)	☐**RENEWAL** (Previously registered with the City of Brunswick)

COMPANY NAME	DBA (if different than company name)		
COMPANY STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different than above)	OWNER NAME		
COMPANY PHONE NUMBER	COMPANY FAX		
COMPANY EMAIL ADDRESS	APPLICANT NAME (if different than owner, please print)		
CONTRACTOR HOME PHONE	CONTRACTOR CELL PHONE		
FEDERAL I.D. #	STATE CORPORATION #		
APPLICANT SIGNATURE		DATE	

ALL REGISTRATIONS EXPIRE ON DECEMBER 31ST OF EACH YEAR.

BRUNSWICK PROJECT LOCATION: _____

Current Codes:

2023 National Electrical Code (Residential)
2021 International Fuel Gas Code
2024 Ohio Building Code
2024 Ohio Mechanical Code
2023 National Electrical Code (Commercial)
2019 Residential Code of Ohio
2017 Ohio Fire Code
2024 Ohio Plumbing Code

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

		YES	NO
1.	Does your business utilize subcontractors?	☐	☐
2.	If you answered yes to Question 1, have you listed all subcontractors in Block 17 of this form?	☐	☐
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?	☐	☐
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?	☐	☐
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: _____	☐ ☐	☐ ☐
6.	Do you certify that your business has not had a license revoked in any state or municipality?	☐	☐
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?	☐	☐
8.	Do you certify that your business maintains a substance abuse policy for its personnel per Ohio Governor's Executive Order No. 2002-13T?	☐	☐
9.	Does your business have current Ohio Workers' Compensation Coverage and is a copy attached?	☐	☐
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:	☐	☐
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?	☐	☐
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.	☐	☐
13.	Have you obtained and attached the **ORIGINAL** **$25,000** **INDEMNIFICATION** **BOND** required by City of Brunswick Codified Ordinance Section 1442.05?	☐	☐
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 attach an explanation.	☐	☐
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, state your limits. $ _____ Each Occurrence; $ _____General Aggregate	☐	☐
16.	Have you attached a copy of the Certificate of Liability Insurance Policy?	☐	☐

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17. **FOLLOWING IS A LIST OF SUBCONTRACTORS TO BE UTILIZED, INCLUDING ADDRESS AND 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: _____

CONTRACTOR REGISTRATION BOND FORM

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

Business Registration Bond Form **BOND NO.** _____
(Required prior to registration)

KNOW ALL MEN BY THESE PRESENTS, that _____ doing business as (the "Principal"), and, _____ as (the "Surety"), are held and firmly bound unto the City of Brunswick, Ohio (the "Obligee"), in the sum of Twenty-Five Thousand Dollars ($25,000.00) for payment of which, well and truly to be made we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents. Witness our hand and seals this _____ Day of _____**,** 20____ and we hereby certify that this bond shall be effective and in force from this date through December 31, 20____.

The conditions of the above obligations are such that:
Whereas, the said Principal made application to the City of Brunswick, Ohio, for a Certificate of Registration as a contractor to engage in the business of:

☐ GENERAL CONTRACTOR	☐ ELECTRICAL PROVIDE STATE LICENSE	☐PLUMBING PROVIDE STATE LICENSE	☐ INSULATION	☐ HVAC PROVIDE STATE LICENSE	☐ HYDRONICS PROVIDE STATE LICENSE
☐ FIRE PROTECTION PROVIDE STATE LICENSE	☐ CONCRETE	☐ LANDSCPING	☐ ROOFING	☐ EXCAVATING	☐ LOW VOLTAGE
☐ WATERPROOFING	☐ SIGN	☐ FENCE	☐MASONRY	☐ POOLS	☐TREE SERVICE
☐ RIGHT-OF-WAY	☐ OVERHEAD	☐ FIBER	☐ INSULATION	☐ OTHER	

within the City of Brunswick, from this date and throughout the calendar year of _____, which ends December 31, _____, in accordance with the provisions of the Codified Ordinances of the City of Brunswick.

Now therefore, if the said Principal (including its officers, employees and agents) shall faithfully observe all the duties and discharge all the obligations incurred during said registration period under the Ordinances of the City of Brunswick, Ohio, applying to the construction, alterations, repair, addition to, subtraction from, reconstruction or remodeling of any building, structure, or appurtenance thereto, or any part thereof, and the Ordinances applying to landscaping, property restoration, underground construction and/or work within the public right of way and utility easements, and all the lawful orders of the City of Brunswick, Ohio, issued under said Ordinances, then this obligation shall be void, otherwise, the same shall be and remain in full force and effect: the undersigned agreeing and consenting that this undertaking shall be for the benefit of any party damaged by the Principal's failure to comply with the duties, terms, conditions, provisions and requirements of the Ordinances of the City of Brunswick, Ohio, applying to such work and the lawful orders of the City of Brunswick, Ohio, issued under such Ordinances, as well for the benefit of the Obligee herein, and either or both may bring action on the bond, but such action must be commenced within two (2) years after the expiration of the Principal's registration.

_____ _____ _____ _____
Signature of Principal or Agent for Principal (see NOTE below) — Date — Signature of SURETY or Agent Executing Bond (see NOTE below) — Date

_____ _____
Print Name of Principal — Print Name of SURETY or Agent Executing Bond

_____
Address of Principal

SEAL
Required to be placed in this location

NOTE: ATTACH POWER OF ATTORNEY If this Bond is executed by any agent for a Principal or a Surety, such Agent must affix a copy of his Power of Attorney or other evidence of authority to execute the Bond. If the Surety is a non-resident corporation of the State of Ohio, its authority to do business in Ohio must, likewise, be attached hereto.

_____ _____
Approval by Bldg. Dept. **Date**

City of Brunswick, Ohio

Income Tax Department, 4095 Center Rd, Brunswick, OH 44212
(330) 558-6815 Fax: (330) 273-8023

Business Registration

Company Name: _____ Phone #: _____

DBA: _____ Fax #: _____

Federal Identification #: _____ Or Owner's Social Security # _____

***** THE FEDERAL ID # IS ALSO USED AS THE ACCOUNT # *****

Local Business or job-site address _____

Mailing address, if different from above _____

Initial date of business in Brunswick _____ Number of Employees in Brunswick_____

Nature of business: _____

Landlord's name, address, and phone number, if renting building space: _____

_____

Type of account needed: ☐Net Profit Only ☐Net Profit & Withholding ☐Withholding Only ☐Courtesy Only (Residence)

Check Business Type ☐Corporation ☐Partnership ☐Sole Proprietor ☐S-Corporation ☐Non-Profit Corp
☐Estate or Trust ☐Other (please define below)

_____

For **Corporation, Partnership Entities, or Sole Proprietors;** list full name(s), address(es), social security numbers, and phone numbers of each owner, Officer and/or partner. (Use the back if additional space is needed)

1)_____

2)_____

3)_____

Will you be using Sub-Contractors? ☐Yes ☐No ***If Yes: List the Name and Address of any Sub-Contractors that you will use on the back.**

(*If not currently known, you must notify the City of Brunswick upon hire with the required information)*

Accounting period: Calendar Year _____ Fiscal Year _____ Month Ending _____

Payroll Information

Will you be withholding employment taxes?	☐Yes	☐No
Date withholding will begin? _____		
Do you currently use an outside payroll service?	☐Yes	☐No
If yes, please provide name of the payroll service _____		
Do you lease employees from an employment agency?	☐Yes	☐No
Will the withholding be more than $200 per month?	☐Yes	☐No
Will you be withholding as a courtesy for a Brunswick resident?	☐Yes	☐No

If courtesy withholding, please give Name, Address, and SS# of Brunswick resident: _____

_____

Signed: _____ Date: _____

Print Name and Title: _____