



**CITY OF BEREA
CONTRACTOR REGISTRATION
2016**

buildingdept@cityofbera.org

CORPORATION () *PROPRIETORSHIP* () *LLC* () *DBA* ()

Company Name: _____ Address: _____

City, State, Zip: _____ Telephone Number: _____

Email Address: _____ Contact Person: _____

Federal ID Number OR Social Security Number: _____

Signature of Applicant: _____

() Building () Mechanical () Plumbing () Electrical

Currently registered in the following City (s) _____

Do you have Workmen's Comp? _____ Yes _____ No

FOR EACH TYPE OF REGISTRATION REQUESTED:

\$125.00 Fee

SEPARATE APPLICATION

SEARATE CERTIFICATE OF INSURANCE NAMING THE CITY OF BEREAS AS ADDITIONAL INSURED

NO BOND IS REQUIRED

COPY OF STATE LICENSE FOR PERSONS WISHING TO DO:

ELECTRICAL

HYDRONICS AND REFRIGERATION

HVAC

PLUMBING

COMPLETED REGIONAL TAX AGENCY (R.I.T.A.) BUSINESS REGISTRATION FORM 48

INSURANCE INFORMATION:

Name of Insurance Agent: _____