

**CITY OF ROCKY RIVER
21012 HILLIARD BOULEVARD
ROCKY RIVER, OH 44116
PHONE: (440) 331-0600
FAX: (440) 895-2628**

Registration Application

Date: _____

Fee: \$100 (Renewable Annually)	Liability Insurance must be attached: \$300,000 Minimum (City to be named as "ADDITIONALLY INSURED")
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The undersigned respectfully requests that a registration be granted for

_____ Contractor Signature

in the City of Rocky River, and does hereby consent to be governed in all respects by the Rules and Regulations of said City, and assures the faithful performance of all work under said Rules and Regulations, Laws, and Ordinances as you may determine.

Type of Contractor: _____

Soc. Sec. No. / Federal ID No.: _____

Name of Applicant: _____

Name of Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone No.: _____ **Cell No.:** _____

E-mail address: _____

List registrations held in other communities: _____

Note: Electricians, Plumbers HVAC and Fire Protection contractors shall provide a copy of their State of Ohio Contractors License. (ATTACH COPY OF SAME)

Registration will not be issued until the above requirements have been met.

Any/all Sub-Contractors must also obtain a Registration Certificate with the City of Rocky River.

Make check payable to the City of Rocky River. Enclose a self-addressed stamped envelope with your application.

Registration with RITA (Regional Income Tax Administration) is required when performing work in the City of Rocky River.

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For office use only: Issued: _____ Registration No.: _____
 Insurance _____ Expiration: Dec. 31, 20_____