



CITY OF EATON INSPECTION & ZONING
 328 North Maple Street, Eaton, OH 45320-0027
 937-456-7155 (phone)
 937-472-5681 (fax)
ebd@cityofeaton.org

CONTRACTOR REGISTRATION FORM
 (\$100 annually & valid from January 1 to December 31)

FEE PAID FOR YEAR 20_____

PLEASE FILL OUT COMPLETELY & LEGIBLY:

COMPANY NAME: _____

and/or

INDIVIDUAL NAME: _____

TAX ID NUMBER (FEIN OR SSN): _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

BUSINESS / CELL PHONE: _____

FAX NUMBER: _____

EMAIL: _____

PROFESSIONAL TRADE (PLEASE CHECK ALL THAT APPLY):

_____ **BUILDING CONTRACTOR***

_____ **ROOFING CONTRACTOR***

_____ **SIGN CONTRACTOR***

_____ **OTHER (DESCRIBE)***

* CONTRACTORS NOT HOLDING A LICENSE
 ISSUED BY THE STATE OF OHIO SHALL
 PROVIDE COPIES OF LIABILITY INSURANCE
 AND COMPLIANCE WITH BUREAU OF
 WORKERS COMPENSATION.

_____ ****ELECTRICAL CONTRACTOR**

_____ ****HVAC / PLUMBING / REFRIGERATION / HYDRONICS CONTRACTOR**

_____ ****FIRE SUPPRESSION CONTRACTOR**

_____ ****FIRE ALARM CONTRACTOR**

**PROVIDE CURRENT COPY OF STATE OF OHIO LICENSE

By signing below, I understand and agree that my registration may be revoked for good cause shown.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

****FAILURE TO CALL FOR INSPECTIONS SHALL RESULT IN REVOCATION OF REGISTRATION****