

Village of Rockford

PO Box 282

Rockford, OH 45882

419-363-3032

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www.rockfordohio.org

Contractor's Registration – Year

Date _____

Business Name: _____

Business Type: _____

Mailing Address: _____

Business Phone: _____

A REGISTRATION FEE OF **Fifty dollars - \$50 MUST BE PROVIDED WITH THIS APPLICATION ALONG WITH THE FOLLOWING INFORMATION:**

Are you Insured/Bonded ? _____ Policy No. _____

Agent: _____ Phone No. _____

Are you covered by Workman's Compensation: _____

**** Attach a Certificate of Insurance**

The undersigned hereby requests a certificate of registration as a contractor in the Village of Rockford for the year ending December 31, _____ and agrees to contract in accordance with the ordinances of the Village of Rockford now in force and any others that might be enacted during the duration of requested license.

Signature of Owner/Contractor: _____

List of Sub-Contractors and addresses:
