

DATE: \_\_\_\_\_

FEE PAID \_\_\_\_\_

APPLICATION FOR  
CONTRACTOR REGISTRATION # \_\_\_\_\_  
MAKE CHECKS PAYABLE TO: VILLAGE OF WEST LIBERTY  
MAIL TO: VILLAGE OFFICE, 201 N. DETROIT ST., P.O. BOX 187  
WEST LIBERTY, OHIO 43357  
(937-465-2716)

COMPANY NAME \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_

NUMBER OF EMPLOYEES (INCLUDING YOURSELF) \_\_\_\_\_

DO YOU HAVE LIABILITY INSURANCE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

I HEREBY AGREE WHEN PROPERLY REGISTERED, TO COMPLY WITH ALL VILLAGE CODES AND ORDINANCES AND ASSIST TO THE BEST OF MY ABILITY WITH THE ENFORCEMENT OF SAID REGULATIONS. I ALSO CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY PART OF THIS APPLICATION IS FOUND TO BE FALSE, MY REGISTRATION SHALL BE REVOKED UPON COMPLETION OF BUILDING PERMITS ISSUED TO ME AND NO NEW BUILDING PERMITS SHALL BE ISSUED.

SIGNED: \_\_\_\_\_

APPROVAL: \_\_\_\_\_

**REQUIRED:** PROOF OF CURRENT INSURANCE COVERAGE FOR CLAIMS AND DAMAGES FOR PERSONAL INJURY AND PROPERTY DAMAGES FOR SAID APPLICANT AND HIS EMPLOYEES.

FIRST TIME FEE: \$25.00 COVERS YEAR JAN. – DEC. LIFETIME unless changes hands