

CITY OF CANTON BUILDING DEPARTMENT

424 Market Avenue North, 3rd Floor, Canton, Ohio 44702-1544

330-430-7800 FAX 330-430-7848

CONTRACTOR LICENSE / REGISTRATION / APPLICATION

CONTRACTOR IS RESPONSIBLE TO REGISTER with CITY of CANTON INCOME TAX DEPARTMENT

ALL REGISTRATIONS EXPIRE on DECEMBER 31st each year.

- DEMOLITION CONTRACTOR ELECTRIC CONTRACTOR HVAC CONTRACTOR
- HOME IMPROVEMENT CONTRACTOR PLUMBING CONTRACTOR SIGN CONTRACTOR
- SPRINKLERS FIRE UNDERGROUND

APPLICANT'S NAME: _____ DATE: _____

APPLICANT'S ADDRESS: _____ DOB: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # () _____ FAX # () _____ CELL # () _____

O.C.I.L.B. LICENSE # _____ STATE LICENSE # _____

EMAIL: _____

BUSINESS ORGANIZATION: SOLE PROPRIETOR / PARTNERSHIP / CORP. / LLC

NUMBER of YEARS in BUSINESS: _____ DRIVERS LICENSE # _____

The undersigned applicant swears that the answers and statements on this application form, are true and correct to the best of the applicant's knowledge and belief.

Signature: _____ Date: _____

Subscribed and duly sworn to before me according to law, by the above-named applicant this _____ day of _____ 20 _____ at County of _____ and State of _____.

Signature of Notary

Commission Expires