

Village of Rockford
PO Box 282
Rockford, OH 45882
419-363-3032
lisa.kuhn@rockfordohio.org
www.rockfordohio.org
Contractor's Registration 2015

Date _____

Business Name: _____

Business Type: _____

Mailing Address: _____

Business Phone: _____

A REGISTRATION FEE OF **TEN DOLLARS (\$10.00) 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, 2015 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:
