

**CITY OF WAUSEON
ZONING, BUILDING & HOUSING
230 CLINTON STREET
WAUSEON, OHIO 43567
(419) 335-5041 PHONE
(419) 335-3866 FAX
trudi.mahnke@cityofwauseon.com**

CONTRACTOR REGISTRATION

Date _____

Company _____

Contact Person _____

Address _____ City _____ State _____ Zip _____

Business # () _____ Fax # () _____

Cellular # () _____ Email _____

SPECIALTIES (check all that apply)

Electric _____ Plumbing _____ Heating/Cooling _____ Roofing _____

Masonry _____ Excavating _____ Siding _____ Other _____

FEDERAL TAX ID _____ **SOCIAL SECURITY** _____

INSURANCE CARRIER/CERTIFICATE OF INSURANCE WITH A MINIMUM OF \$50,000 IN LIABILITY LIMITS

NAME OF COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____

Signature of Contact Person

Fees _____

Date Pd _____

Receipt # _____

Electrical/Plumbing/HVAC Contractors
State of Ohio Contractor License Number _____