

**CHRIS D. LUDLE**  
Service Director



**Jim Aitken**  
Deputy Director

**DANIEL HARRIGAN**  
Mayor

**DEPARTMENT OF PUBLIC SERVICE**  
Plans & Permits Center  
1030 E Tallmadge Avenue  
Akron, OH 44310  
(330) 375-2010

### City of Akron Contractor Registration

Business Name: \_\_\_\_\_ Akron Tax Registration Number \_\_\_\_\_  
Principal Business Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_ E-Mail: \_\_\_\_\_  
\_\_\_\_\_

**Registration Expiration Date: June 30, 2024**

Business Type: Sole Proprietorship / Partnership / Corporation / LLC/ Other (Please Specify)

Please list all business partners or other parties (individual or corporate) that hold at least a 15% ownership interest in the business:

Please list two names of approved individuals to pull permits on the business's behalf:

Ohio Construction Industry Licensing Board Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Signature:

\_\_\_\_\_  
Print Name and Title:

Please attach:

- Certificate of liability insurance.
- Copy of current Ohio Bureau of Workers Compensation policy.
- Registration fee of \$100.00.