



City of Mentor-on-the-Lake

5860 Andrews Road, Mentor-on-the-Lake, OH 44060-2827

Phone: (440) 257-7216 Fax: (440) 257-2766

www.CityMOL.org

2022 CONTRACTOR REGISTRATION

In compliance with [Chapter 1452](#) of the Codified Ordinances of the City of Mentor-on-the-Lake, all contractors and subcontractors performing work within the City of Mentor on the Lake must register and obtain a license to do so. Please complete all paperwork before submitting.

- **Certificate of Registration Application**
- **Registration Bond** - \$10,000
- **Certificate of Insurance Coverage** - \$1,000,000.00 Liability and \$1,000,000.00 Property Damage
- **CCA Municipal Tax Form**
- **\$50.00 Registration Fee**
- \$5.00 Sign Permit (Optional) *This allows the business to display their sign on the property while working on the job and up to 10 days after completion.*

For the following contractors: Electrical, HVAC, Hydronics, Plumbing, And Refrigeration

- Pursuant to H.B. 434, the City requires a copy of your state license (If applicable)
- *Details: General contractors performing electrical, HVAC, hydronics, plumbing, or refrigeration require a state license. All other construction contracting work is licensed by local jurisdictions. Check with your city and/or county government for specific licensing requirements.*

All Contractor Licenses are issued by the calendar year. Registration for 2022 begins December 1, 2021. If you have any questions, please contact me.

Andrea Hathaway
Zoning/Housing Department
servicesec@citymol.org
(440) 257-7216



1-800-362-2764
www.OHIO811.org





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2022 APPLICATION FOR CERTIFICATE OF REGISTRATION

In compliance with Chapter 1452 of the Codified Ordinances, the following information must be provided for contractor registration.

DOING BUSINESS AS: _____

NAME OF APPLICANT: _____

BUSINESS ADDRESS: _____

NUMBER AND STREET CITY STATE ZIP

FEDERAL ID OR SS#: _____ PHONE #: _____

BUSINESS ORGANIZATION: _____ CELL #: _____

CORPORATION PROPRIETORSHIP

PARTNERSHIP LLC

FAX #: _____

EMAIL ADDRESS: _____ @ _____ *

* Please provide your email address to receive your Registration Certificate. If you would prefer a mailed copy, you must provide a stamped envelope.

CHECK THE TRADE(S) FOR WHICH REGISTRATION APPLICATION IS BEING MADE:

General Building Contracting Electrical Plumbing Roofing

Heating/Air Conditioning Roadway Tree Service Underground

Other: _____

You must provide your Bond Form in the amount of \$10,000, Insurance Certificate in the amount of \$1,000,000.00 liability and \$1,000,000.00 property damage for each registration. Fee is \$50 for each application. All registrations expire on December 31 of each year.

Paying an additional \$5.00 with your contractor registration, permits the contractor to display a business sign on the property while working on the job, and up to 10 days after completion.

I/We hereby certify that I/We are familiar with the provisions of Chapter 1452 of the Codified Ordinances of the City of Mentor-on-the-Lake and are fully aware of the requirements of same. In the event that it is required to sublet work, it is agreed to engage only registered contractors, and that any misrepresentations of data or facts will be cause for refusal of a Certificate of Registration or revocation of same.

Signature of Applicant

Title

Date

FOR OFFICE USE ONLY

Registration #: _____

Receipt #: _____

Sign Permit: Y N



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REGISTRATION BOND

KNOW ALL MEN BY THESE PRESENTS, that _____ as the principal and _____ as surety, hereinafter referred to as the surety, are held and firmly bound unto the City of Mentor-on-the-Lake, in the sum of ten thousand dollars (\$10,000.00) for payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WITNESS OUR HAND AND SEAL THIS _____ DAY OF _____, _____.
The conditions of the above obligations are such that:

WHEREAS, the said Principal has been duly licensed or registered for the period beginning _____ and ending December 31, 2022, in the City of Mentor-on-the-Lake, Ohio, in accordance with the ordinances of the City of Mentor-on-the-Lake providing for the licensing or registration and regulations of a _____ contractor.

NOW, THEREFORE, if the said Principal shall faithfully observe all the duties and discharge all the obligations incurred by him during said license or registration period under the ordinances of the City of Mentor-on-the-Lake and under the provisions of the Ohio Building Codes for residential, commercial and industrial building applying to _____ contracting, and all the lawful orders of the Service Department of the City of Mentor-on-the-Lake, issued under said ordinances and all lawful orders of the Lake County Building Department, then this obligation shall be void, otherwise the same shall be and remain in full force and effect; the undersigned agreeing and consenting that this undertaking shall be for the benefit of any party injured by the principal's failure to comply with the duties, terms, conditions, provisions, and requirements of the ordinances of the City of Mentor-on-the-Lake applying to _____ contracting, and the lawful orders of the Department of the City of Mentor-on-the-Lake issued under such ordinances, as well as, for the benefit of the obligee herein, and either or both may bring action on this bond; but, said action must be commenced within two years after the expiration of the principal's _____ contracting license or registration.

PRINCIPAL

SURETY

ATTORNEY-IN-FACT



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WITHHOLDING AND BUSINESS REGISTRATION



CCA – MUNICIPAL INCOME TAX

205 W SAINT CLAIR AVE

CLEVELAND, OH 44113-1503

P: (216) 664-2070, (800) 223-6317 F: (216) 420-8316

www.ccatax.ci.cleveland.oh.us

DATE BUSINESS STARTED IN CCA _____ PHONE NO _____

FEDERAL IDENTIFICATION NUMBER _____

NAME OR CORPORATE NAME _____

BUSINESS OR TRADE NAME _____

BUSINESS ADDRESS IN TAXING COMMUNITY _____

MAILING ADDRESS _____

ADDRESS OF OUTSIDE ACCOUNTANT SHOULD NOT BE USED

CHECK BUSINESS TYPE

SOLE PROPRIETOR**	_____	CORPORATION	_____
PARTNERSHIP	_____	LIMITED LIABILITY CO	_____
S-CORPORATION	_____	NON-PROFIT CORP	_____
ESTATE OR TRUST	_____	GOVERNMENTAL	_____
FINANCIAL ORG.	_____	UNION	_____
OTHER	_____	(Detail)	_____

****IF SOLE PROPRIETOR YOU MUST ALSO COMPLETE INDIVIDUAL REGISTRATION FORM**
It is your responsibility to advise this office of any changes in your status

Will you be withholding employment taxes? Yes _____ No _____

For what CCA city(s) _____

\$200 or more per month? Yes _____ No _____

Number of employees in CCA? _____ First payroll date in CCA _____

Will you be withholding residence taxes? Yes _____ No _____

Type of business (Mfg., Commercial, etc.) _____

Fiscal Period ending month _____

Name of person responsible for filing forms:

Name _____ Title _____ Phone No. _____

Signature _____ Date _____