

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 Renewal

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 \$50.00.