ATTACHMENT A, CONTRACTOR’S LICENSE APPLICATION

FOR CALENDAR YEAR: __________

NAME OF COMPANY: ________________________________________________________________

MAILING ADDRESS: ________________________________________________________________

TELEPHONE NUMBER: (Day) ____________________ (Evening) ____________________ (Fax) _______________

NAME/ TITLE OF PERSON AUTHORIZED TO SIGN APPLICATION: ___________________________

CONTRACTOR’S AFFIDAVIT: As the authorized representative of my company, I acknowledge that I am familiar with the current edition of the Sewer Use Rules of the Muskingum County Sewer Department regarding Service Connections and I agree to perform all Service Connection work in accordance with them.

I understand that the fees and forms listed below are required for the issuance of a license, and I understand that the requirements of the license must be maintained or the Manager will suspend the Contractor or void the Contractor’s license.

I acknowledge that any Service Connection work performed by my company while suspended or without having a current license will be considered as a violation of the Muskingum County Sewer Department Sewer Use Rules, and will result in enforcement of the penalties therein detailed.

The fees and forms required as part of the license application submission are:

1. A License Fee of $175.00 per calendar year, payable at time of application.

2. A notarized copy of an insurance policy in the Company’s name having at least $100,000 coverage for property damage protection and at least $300,000 coverage for public and personal liability.

3. A notarized copy of the Company’s Workman’s Compensation Certificate.

4. A Letter of Credit for a minimum amount of $10,000 or two (2) notarized copies of a Licensed Bond for a minimum amount of $10,000. The County Prosecuting Attorney must approve the bond form.

Further, I acknowledge that the Contractor’s license is valid only for the calendar year for which it was applied for and it will expire at the close of the last business day in December in that same year.

SIGNATURE OF AUTHORIZED APPLICANT: ______________________ DATE: ______________

LICENSE APPROVED: ______________________________________, Manager DATE: ______________

LICENSE NUMBER: __________________________