

City of Gainesville
Community Development Department
Housing Division

311 Henry Ward Way, 2nd Floor
P.O. Box 2496, 770-531-2693 phone, 678-989-3397 fax
Gainesville, Georgia 30503

CONTRACTOR REGISTRATION APPLICATION

Company Name: _____

Phone Number: _____ Fax Number: _____ Email: _____

Company Address: _____

EFFECTIVE JULY 1, 2008, ALL CONTRACTORS MUST HAVE A STATE LICENSE.

Construction License Number _____

Type of business: _____ Corporation _____ Partnership _____ Proprietorship

TYPE OF CONSTRUCTION OF SERVICES YOU PROVIDE:

General () Plumbing () Heating () Electrical () Lead () Asbestos ()
Carpentry () Remodeling () Roofing () Other () _____

How long have you been in business? _____ Tax ID Number: _____

Last year's Gross Income (dollar value): \$ _____

Number of jobs completed as a general contractor? _____ Largest dollar amount? _____

Do you carry workman's compensation insurance? Yes () No ()

Do you carry General liability Insurance? Yes () No () Amount: \$ _____

COMPANY DATA - (List all principals of your company):

1. Name: _____ Position: _____
Address: _____
Telephone Number: _____ Fax Number: _____
How long in the construction business? _____

2. Name: _____ Position: _____
Address: _____
Telephone Number: _____ Fax Number: _____
How long in the construction business? _____

3. Have the principles (owners) of the company had construction businesses under other names?
Yes () No () If yes, list the following information:

Company Name, Address, Dates



4. Are you or any other principle related to or have business ties to any member of the Gainesville City Council, Gainesville Non-Profit Development Foundation, and/or Hall County Home Development Resources? Yes () No () If yes, please list member and relationship.

REFERENCES

FINANCIAL:

Name of Bank: _____

Branch: _____ Account #: _____

Type of Account: Checking () Savings () Loan ()

Name of Bank: _____

Branch: _____ Account #: _____

Type of Account: Checking () Savings () Loan ()

.....
Are you able to obtain a line of credit from your bank for jobs over \$20,000? Yes () No ()
.....

MATERIAL SUPPLIERS:

1. Name: _____
Address: _____

2. Name: _____
Address: _____

3. Name: _____
Address: _____

CUSTOMERS - List three (3) recent customers for which you have done work:

1. Name: _____
Address: _____
Telephone Number: _____

2. Name: _____
Address: _____
Telephone: _____



3. Name: _____
Address: _____
Telephone: _____

SUBCONTRACTORS:

1. ELECTRICAL

Name: _____
Address: _____
Telephone: _____ Licensed? Yes () No ()

2. PLUMBING

Name: _____
Address: _____
Telephone: _____ Licensed? Yes () No ()

3. HVAC

Name: _____
Address: _____
Telephone: _____ Licensed? Yes () No ()

INSURANCES

The following insurance coverage is required:

General Liability 1,000,000
Automobile 1,000,000

Workman's Compensation: State Requirements

<u>Company</u>	<u>Contact Person</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

List any jobs in which your company has been found negligent after an insurance claim, court action or any other damage claim.

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ATTACHMENTS

The following documents must be attached to the application or mailed separately.

1. Current liability and auto insurance certificates
2. Current Workman's compensation certificate
3. Current Business & State license(s)

The undersigned contracting firm agrees that in consideration for being placed upon the "Qualified Contractor Bidders List," he will comply with the following conditions on all housing construction work performed on properties located within the City of Gainesville and comply with Program requirements regardless of whether federal financing is or is not used by the Owner:



1. To use only contract forms previously approved by the City of Gainesville Non-Profit Housing Department.
2. That work will be performed in accordance with the appropriate Property Rehabilitation Standards and Specifications; subject to inspections as deemed necessary by the City of Gainesville, the U. S. Government, and the Georgia Department of Community Affairs.
3. That if work performed by the Contractor is found to be unsatisfactory by the City of Gainesville, or if contract relations between the Contractor, Homeowner or other parties are found to be unsatisfactory, the City may remove the Contractor's name from the "Qualified Contractor Bidders List."
4. That adequate insurance and Workmen's Compensation will be provided (minimum \$1,000,000 limit per occurrence for bodily injury and property damage).
5. That the Contractor will abide by Equal Opportunity provisions of the Civil Rights Acts.
6. That my withdrawal of bid without justification would remove my name from the "Acceptable Contractor's Register".
7. That I acknowledge your policy of a contractor being limited to two (2) Construction Contracts in progress at any one time.
8. That the undersigned firm agrees to maintain in a current status all licenses required by the State of Georgia and the City of Gainesville.
9. That work will be done in conformance with all applicable codes and zoning regulations and performed by State certified workers.

The undersigned contracting firm hereby applies to be placed on the "Qualified Contractor Bidders List" maintained by your office for the purpose of performing housing construction work in the City of Gainesville. It is certified that the information given above is complete, factual, and that no unfavorable information has been withheld.

Company Name

Authorized Signature

Date

Title