

CONTRACTOR'S APPLICATION

Current copies of all documents listed in this application must be submitted at time of application.

Incomplete applications shall not be accepted for review.

Each Corporate Officer, Partner, and Individual Owner must submit "Clearance Request" documents.

CITY OF DETROIT

HOUSING & REVITALIZATION DEPARTMENT

COMPLIANCE & INPECTION DIVISION

2 WOODWARD AVE, SUITE 908

DETROIT, MICHIGAN 48226

(313) 224-9081

Attn: Connie Reno

creno@detroitmi.gov

Compliance & Inspection Use Only
Date Rec'd:
Reviewed By:
Denied:

Select all applicable Contractor Lists requesting to be placed on:

- ☐ A. Multi-Family/Single Family New Construction (May Require Bonding)
☐ B. Compliance Division Residential Rehabilitation Programs (Lead Abatement Certification required)
☐ C. Senior Emergency Home Repair Program
☐ D. Specialty Trade Contractor

CONTRACTOR'S APPLICATION FORM

Date _____

1a.	_____	_____
	Name of Company/Firm	Federal ID Number
b.	_____	_____
	Address of Company/Firm	City State Zip
c.	_____	_____
	Telephone	Fax
d.	_____	_____
	Name of Owner	Social Security Number
e.	_____	_____
	Address of Owner	City State Zip
f.	(_____) _____	(_____) _____
	Telephone	Fax
g.	_____	_____
	Ethnicity of Company	Gender of Company
h.	_____	_____
	Authorized Representative/Signature	Title
i.	_____	_____
	Alternative Authorized Representative	Title
j.	_____	_____
	Qualifying Officer	Work Phone & Cell Title
k.	_____	_____
	Qualifying Officer	Work Phone & Cell Title
l.	_____	_____
	Qualifying Officer	Work Phone & Cell Title

Qualifying Officer	Work Phone & Cell	Title
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n.

Supervisor	Work Phone & Cell
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o.

Supervisor	Work Phone & Cell
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p.

Lead Supervisor	Work Phone & Cell	State Cert. Number
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2. Type of Business: (Please check all that apply & provide copies)

<input type="checkbox"/>	Residential Builder	License #	<input type="text"/>	Expiration Date	<input type="text"/>
<input type="checkbox"/>	Electrical Contractor	License #	<input type="text"/>	Expiration Date	<input type="text"/>
<input type="checkbox"/>	Plumbing Contractor	License #	<input type="text"/>	Expiration Date	<input type="text"/>
<input type="checkbox"/>	Mechanical Contr.	License #	<input type="text"/>	Expiration Date	<input type="text"/>
<input type="checkbox"/>	Maint. & Alt. Contr.	License #	<input type="text"/>	Expiration Date	<input type="text"/>

BSE & E Registration	#	<input type="text"/>	Expiration Date	<input type="text"/>
Lead Abatement Certificate	#	<input type="text"/>	Expiration Date	<input type="text"/>

3. Business Classification (Please check only the one that applies)

<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Corporation (Specify Type <input type="text"/>)
<input type="checkbox"/>	Partnership

4. Ownership Documentation

<input type="checkbox"/>	Assumed Name Certificate - (Attach copy of DBA)
<input type="checkbox"/>	Articles of Incorporation
<input type="checkbox"/>	Certificate of Co-Partnership
<input type="checkbox"/>	Any other documentation reflecting ownership

5. Ownership: List below the names of the Company/Firm Proprietor, Partners, Officers, Directors, as well as the names of any other persons or businesses having an ownership interest in the Company/Firm:

Name/Title	Address	Telephone

6. Financial

- (a) Banks or financial institutions with which applicant deals regularly.

7. Bonding (For Projects over \$100,000)

- (a) During the past five (5) years, has a performance bonding company been required to complete any of your contracts? _____Yes _____No

If Yes, please explain the reason for this action:

8. Does the State of Michigan, or any local agency in the State of Michigan, have a tax lien against your firm? _____yes, _____no. If yes, attach a full written explanation.

9. Have you ever been convicted of a felony, _____yes, _____no? If yes, attach a full written explanation.

10. Has the applicant/licensee ever been organized or done business under another corporate or company name, in the capacity of residential builder or maintenance and alteration contractor? , _____ yes, _____ no If yes, attach a list of names, license.

11. Has the applicant/licensee ever been debarred by the U.S. Dept. of Housing and Urban Development (HUD), _____ yes _____ no. If yes, attach a full written explanation, as well as business name and date of action.

12. Has applicant/licensee ever had a registered complaint, investigation, subpoena, suspension of license, cease and desist order, or, criminal prosecution by the Residential Builders and Maintenance and Alteration Contractors Board of the State of Michigan. _____ yes _____ no. If yes, attach a full written explanation, as well as business name and date of action.
13. Has the applicant/licensee ever been terminated, disbarred, or suspended by any City of Detroit Agency under this current name or any other Business name? , _____ yes _____ no. If yes, attach a full written
14. Credit Report. Provide a copy of a current credit report business and personal.
15. Insurance

Participation in the Housing & Revitalization Department's Housing Programs requires; Certificates of Insurance evidencing that Workers Compensation, General Liability, Automobile coverage, and Builders Risk Insurance are in force. Please enclose a copy of your Certificate of Insurance for the following:

- | <u>TYPE</u> | <u>NOT LESS THAN</u> |
|---|------------------------------------|
| (a) Workman's Compensation | \$500,000 EA ACCIDENT, EA EMPLOYEE |
| (b) Comprehensive General Liability Insurance | \$1,000,000 |
| (c) Automobile liability insurance covering all owned, used or hired vehicle which complies with the provisions of the Michigan No-Fault Insurance Act, with minimum bodily injury limits of One Million (\$1,000,000) dollars each person and One Million (\$1,000,000) dollars each occurrence and minimum property damage limits of One Million Dollars each occurrence. | |
| (d) Builders Risk Insurance (Multi-Family & New Construction Projects Only) against loss or damage to the Project construction thereof, whether such be material or supplies incorporated into the Project Site or assembled on the premises for the purpose of being incorporated into the Project Site. This insurance shall insure against loss from the perils of fire, extended and broad form coverage and shall be in an amount not less than the amount of the Construction Contract for the project. The cost of this insurance shall be the responsibility of the Contractor. | |
| (e) Certificate of Insurance must be on a standard "Acord form" and must evidence <u>City of Detroit as additional certificate holder</u> , and must include the required 30 day written notice of cancellation to the address below; | |

City of Detroit
Housing & Revitalization Department
Compliance Division, Contractor Files
2 Woodward Ave., Suite 908
Detroit, MI 48226
C/O Connie Reno

The undersigned contractor certifies that all information given herein is correct and that the information may be verified from any source and further agrees:

- A. That the State of Michigan contractors license and bond therefore are current, and that the undersigned contractor agrees to maintain current status of all licenses and bonds as required by the Housing & Revitalization (H&RD) Compliance Division.
- B. That the contractor will perform the work in accordance with the description of work, H&RD's Contractors Performance Standard, and all applicable City of Detroit codes and zoning regulations and be subject to final inspection by H&RD's Housing Rehabilitation Specialist.
- C. That if the work performed by the contractor is found to be unsatisfactory or if the contract relations between the contractor, property owner, or other parties are found to be unsatisfactory, the H&RD Compliance Division may remove his/her name from the list of selected contractors without notice.
- D. That she/he will abide by all applicable equal employment opportunity regulations.
- E. That he/she will abide by all rules and regulations set forth by H&RD.

By: _____

Title: _____

ACKNOWLEDGEMENT

State of Michigan
SS
County of Wayne

The foregoing Contractors Application Form was acknowledged before me this
_____ Day of _____, 20__

Notary

Notary Public, _____ County, Michigan – My commission expires _____

16. References – (Within the past 2 years, Please include 3 completed jobs in your field.)

OwnerAddressTelephone[illegible]

11. Suppliers - Active Accounts

Firm Name _____
Address _____
City _____
Type of material sold _____

Firm Name _____
Address _____
City _____
Type of material sold _____

Firm Name _____
Address _____
City _____
Type of material sold _____

Firm Name _____
Address _____
City _____
Type of material sold _____

Firm Name _____
Address _____
City _____
Type of material sold _____

Firm Name _____
Address _____
City _____
Type of material sold _____

SIGNATURE, ACKNOWLEDGMENT OF SOLE PROPRIETORSHIP

On this _____ day of _____, 20__ I, _____ being
A duly authorized representative of the applicant, do hereby warrant and represent that the statements made by
the applicant is the foregoing Application Form and the documents submitted therewith are true and correct. I
understand that I am making this statement subject to the penalties of perjury.

Witness:

Applicant:

1. _____

Signature: _____

Printed Name of Witness Above

Printed Name: _____

2. _____

Title: _____

Printed Name of Witness Above

ACKNOWLEDGMENT

State of Michigan

SS

County of Wayne

The foregoing Contractors Application Form was acknowledged before me this
_____ day of _____, 20__ by _____
Name of person who signed above

the _____ of _____
Title of person who signed above Company's name

a _____, an applicant for certification in the Compliance Division
Business Classification
Program of Housing & Revitalization Department, on behalf of the applicant.

Notary Public: _____

My Commission Expires: _____

RESOLUTION OF CORPORATE AUTHORITY

To be completed by Corporate Applicants

I, _____, an officer of _____ Corporation (the "Company"), do hereby certify that the following is a true and correct excerpt from the Minutes of the meeting of the meeting of the Board of Directors duly called and held on _____, and that the same is now in full force and effect:

Resolve that, the Chairman, the President, each Vice President, the Treasurer and the Secretary and each of them, hereby is authorized to execute and deliver, in the name of and on behalf of the Company and under its corporate seal or otherwise, an agreement or other instrument or document in connection with any matter or transaction that shall have been duly approved; the execution and delivery of any matter or transaction they shall have been duly approved; the execution and delivery of any agreement, document, or other instrument by any of such officers to be conclusive evidence of such approval.

I further certify that _____ Chairman of the Board, and _____ is President, _____ is (are) Vice President (s), _____ is Treasurer, _____ is Secretary, and _____ is (are) Authorized Representative (s).

I further certify that each of the aforementioned officers of the company are authorized to execute and commit the Company to the conditions, obligations, representations, stipulations, and undertakings contained in the Company's City of Detroit Housing & Revitalization Department's Compliance Division Programs Application Form and that all necessary corporate approvals have been obtained in relationships thereto.

In witness whereof, I have set my hand this _____ day of _____, 20____.

CORPORATE SEAL
(If any)

Corporate Secretary

Submit copy of Michigan Dept. of Commerce Corporation and Securities Bureau documentation.

CERTIFICATE OF PARTNERSHIP AUTHORITY

To be completed by Partnership Applicants

I _____, General Partner in _____, a _____ Partnership (the "Partnership"), do hereby certify that I am a General Partner in the Partnership formulated pursuant to an excerpt from the Minutes of the meeting of the General Partnership held on _____ and that the same is now in force and effect: each General Partner is authorized to execute and deliver, in connection with any matter or transaction that shall have been duly approved; the execution and delivery of any agreement, document or other instrument by a General Partner to be conclusive evidence of such approval.

I further certify that the following person(s) is a (are) General Partner(s):

I further certify that each of the aforementioned General Partners of the Partnership are authorized to execute and commit the Partnership to the conditions, obligations, representations, stipulations and undertakings contained in the Contractors Application Form for the Compliance Division Programs of the City of Detroit's Housing & Revitalization Department and supporting documents and all necessary approvals have been obtained in relationship thereto.

In witness whereof, I have set my hand this _____ day of _____, 20____.

CORPORATE SEAL
(If any)

General Partner

Submit copy of Michigan Dept. of Commerce Corporation and Securities Bureau documentation.