

City of Huron  
 Planning and Zoning Department  
 417 Main St. Huron, Ohio 44839  
 P: 419-433-5000  
 F: 419-433-5120



**Contractor Registration Application**

Company Name: \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
 Contact Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Mark the trade(s) for which you are registering:			
<input type="checkbox"/>	General Contractor	<input type="checkbox"/>	Demolition
<input type="checkbox"/>	Home Improvement/Remodeling	<input type="checkbox"/>	Sign Contractor
<input type="checkbox"/>	Roofing	<input type="checkbox"/>	Fire Safety**
<input type="checkbox"/>	Plumbing**	<input type="checkbox"/>	Hydronic**
<input type="checkbox"/>	Electrical**	<input type="checkbox"/>	Refrigeration**
<input type="checkbox"/>	HVAC**	<input type="checkbox"/>	Other:
<input type="checkbox"/>	** Trades that require State licensing. <b><i>Attach a copy of licensure with this application.</i></b>		

The following items shall be submitted with this completed application in order to complete the Contractor Registration process for the City of Huron:	
<input type="checkbox"/>	<b>Certificate of Liability</b> Insurance demonstrating a minimum combined bodily and property damage coverage in the amount of \$300,000. Liability insurance shall be maintained in full force and effect without interruption and a copy of any policy changes including renewal forwarded to the City throughout the term of the registration. The City of Huron
<input type="checkbox"/>	<b>Proof of Compliance with the State of Ohio Workers' Compensation</b> laws, or, a typewritten, signed letter stating the reason why such Certification is not held. Policy No.: _____ Expiration Date:    /    /
<input type="checkbox"/>	Certificate of Registration with the Regional Income Tax Agency for the City of Huron
<input type="checkbox"/>	\$100 Fee per trade, maximum \$200

Please sign below certifying that all the information provided is true, accurate, and complete to the best of your knowledge. Your signature certifies that you are the owner or have been authorized by the owner of the company to sign as an agent and agree to all applicable laws of this jurisdiction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**For Departmental Use Only:**

Date of Submission:		Registration Decision:	
Fee and Method of Pymt:		Registration Number:	

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR) \_\_\_\_\_

FILING STATUS:  CORPORATION  ESTATE/TRUST  LLC  NON-PROFIT  PARTNERSHIP  S-CORP.  SOLE PROPRIETOR

**RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES**

BUSINESS NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE**

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS**

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY \_\_\_\_\_

**PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE**

NAICS \_\_\_\_\_  TRANSPORTATION  NON MANUFACTURING  MANUFACTURING  WHOLESALE  
 RETAIL  FINANCE  SERVICES  PUBLIC ADMINISTRATION  NON CLASSIFICATION

**EMPLOYEE INFORMATION**

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY ONE)  YES  NO ARE CONTRACTORS UTILIZED? (CHECK ONLY ONE)  YES\*  NO  
\*IF YES COMPLETE REVERSE SIDE.

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.

NUMBER OF EMPLOYEES AT RITA LOCATION: \_\_\_\_\_ MONTHLY GROSS PAYROLL AT RITA LOCATION: \_\_\_\_\_

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY?  YES  NO

**SEND WITHHOLDING TAX FORMS TO**

BUSINESS NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
CARE OF: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM**

**PROFIT/LOSS INFORMATION**

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

**SEND NET PROFIT TAX RETURN TO**

BUSINESS NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
CARE OF: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

# CONTRACTOR INFORMATION

MUNICIPALITY: \_\_\_\_\_

BUILDING PERMIT #: \_\_\_\_\_

ADDRESS OF CONSTRUCTION SITE: \_\_\_\_\_

TOTAL CONTRACT AMOUNT: \$ \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

As the contractor, will your company be withholding local income tax from all employees on the job?  YES  NO

COMPANY/ADDRESS - CITY, STATE AND ZIP	OFFICER/OWNER NAME PHONE NUMBER	SOCIAL SECURITY OR FEDERAL I.D. NUMBER	ESTIMATED START DATE	NUMBER OF EMPLOYEES	ESTIMATED WAGES PER MONTH	TRADE
COZI-RCU-OE BCS						
COZI-RCU-OE BCS						
COZI-RCU-OE BCS						
COZI-RCU-OE BCS						
COZI-RCU-OE BCS						
COZI-RCU-OE BCS						
COZI-RCU-OE BCS						

If necessary attach a separate sheet

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

REGIONAL INCOME TAX AGENCY  
 ATTN: BUSINESS REGISTRATION  
 P.O. BOX 477900  
 BROADVIEW HEIGHTS, OH 44147-7900

CLEVELAND TOLL FREE: (800) 860-RITA (7482)  
 COLUMBUS TOLL FREE: (866) 721-RITA (7482)  
 YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)

TDD: (440) 526-5332  
 FAX: (440) 526-3136