

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



2024 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:
** Trades that require State licensing. <i>Attach a copy of licensure with this application.</i>			

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"/>	Certificate of Liability Insurance demonstrating a minimum combined bodily and property damage coverage in the amount of \$1,000,000. 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.
<input type="checkbox"/>	Proof of Compliance with the State of Ohio Workers' Compensation laws, (include certificate) or, a typewritten, signed letter stating the reason why such Certification is not held.
<input type="checkbox"/>	Certificate of Registration with the Regional Income Tax Agency (or complete the attached application)
<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-REG-OE BCS						
COZI-REG-OE BCS						
COZI-REG-OE BCS						
COZI-REG-OE BCS						
COZI-REG-OE BCS						
COZI-REG-OE BCS						
COZI-REG-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