

Requirements For Contractor Registration For the City of Ashland Ohio

The following is a list of requirements that must be submitted to the City Building and Zoning Department for Contractor Registration.

- 1.) Completed Application for Contractor Registration.
- 2.) Completed Questionnaire for the Ashland Municipal Income Tax.
- 3.) A copy of Certificate of Liability Insurance in the amount not less than \$100,000 per person or \$300,000 per occurrence for bodily injury, and \$50,000 per accident for property damage (except automobile), must be submitted with the application. The City of Ashland must be listed as a Certificate Holder on the insurance policy.
- 4.) A copy of the Bureau of Workers' Compensation Certificate of Premium Payment must be submitted with the application. If there are no employees the applicant must submit a letter stating that there are currently no employees and if in the future they plan to hire employees they will file with the Bureau of Workers' Compensation and submit a Certificate.
- 5.) A copy of the current contractor's license issued pursuant to Ohio Revised Code Chapter 4740 by the Ohio Construction Industry Licensing Board (OCILB) or current certificate issued pursuant to Ohio Revised Code 3737.65 by the Ohio Fire Marshal, if such licenses are required.
- 6.) A registration fee of \$100.00 for the initial registration must be submitted with the application. A \$75 annual registration renewal fee is required thereafter.

CITY OF ASHLAND

206 Claremont Avenue • Ashland Ohio 44805 • 419-289-8744 • Fax 419-281-8052

APPLICATION FOR CONTRACTOR'S REGISTRATION

Registration Fee \$100.00

Renewal Fee \$75.00

Please see attached for submittal requirements.

Company Name: _____

Address: _____

Phone No.: _____ Years in Business: _____

Email: _____ Fax: _____

Type of Contractor: _____

Federal ID No. _____ Workmans Comp No. _____

Please attach a copy of your State of Ohio bureau of Worker's Compensation Certificate of Premium Payment to this application

State License No. (if applicable) _____

References: Previous Jobs, Ashland area if possible: _____

Ashland City Income Tax ID No. _____

Owner Signature/Officer

Date

TO BE COMPLETED BY CITY OF ASHLAND

Fee Amount Paid _____ Date _____ License No. _____

QUESTIONNAIRE
ASHLAND MUNICIPAL INCOME TAX
218 LUTHER STREET
ASHLAND OHIO 44805-3128
Phone (419) 289-0386 - Fax (419) 289-9225

THIS FORM MUST BE FILED WITH THE ASHLAND MUNICIPAL INCOME TAX OFFICE PRIOR TO CONTRACT APPROVAL AND/OR PERMIT ISSUANCE.

1. Starting Date _____
2. Name of Business _____
3. Address _____
4. If above is a branch office; give address of main office _____

5. Fax number _____ Nature of Business _____

6. Accounting Period _____ Calendar Year _____ Fiscal Year Ending _____
7. Do you presently employ one or more persons? _____
8. If not, do you expect to have employees in the future? _____
9. Type of ownership (check one). _____, Corporation _____, Partnership _____, Non-Profit _____, Assoc. _____, Individual Proprietorship _____.
10. If partnership, association or other unincorporated joint business venture, indicate how the Ashland City income tax return will be filed and paid: In full by business _____ or separately by individuals (give complete name(s) and address (es) on reverse side of form) _____.
11. Send net profit returns to: _____
(complete name and address) _____

- Send withholding forms to: _____
(complete name and address) _____

12. Does your business rent from others ____ Yes ____ No. If yes, please indicate complete name and address of property owner _____

13. Federal I.D. Number _____ Name and address of statutory agent (This must be complete) _____

14. List complete names, addresses, and phone numbers of sub-contractors and estimate of time spent working in Ashland on reverse side.
15. Signed _____ Title _____
Date _____ Phone Number: _____