



CITY OF BUCYRUS
 500 S. SANDUSKY AVENUE
 BUCYRUS, OHIO 44820
 PH: 419-562-6767
 FX: 419-562-4013
 www.cityofbucyrusoh.us

APPLICATION FOR CONTRACTOR REGISTRATION
 PLEASE PRINT CLEARLY

NEW RENEWAL FOR 20_____ CONTRACTOR REG. # _____

NAME OF COMPANY _____ OWNER _____ (Name)

BUSINESS ADDRESS _____ (PO BOX / STREET / ROAD) (CITY) (STATE) (ZIP CODE)

PH # _____ FAX # _____ CELL# _____

EMAIL ADDRESS _____

TYPE OF CONTRACTOR: _____ (SEE LIST IN BCO 717.01 (A))

STATE LICENSE # _____ (Electrical, Hydronics, HVAC, Plumbing & Refrigeration Contractors doing state code regulated projects only)

REGISTRATION REQUIREMENTS:

- FEE OF \$100.00 (NEW), \$25.00 (RENEWAL) – Cash or check made payable to: City of Bucyrus (Contractor registration is valid for one calendar year (Jan. 1 – Dec. 31). Each registration expires December 31 of the calendar year issued. All registrations must be renewed prior to the December 31 expiration date for \$25.00. Once a registration expires, it will not be renewed and a new registration must be obtained. New registrations cost \$100.00.)
- COPY OF CURENT CERTIFICATE OF LIABILITY INSURANCE: Exp. Date _____
- COPY OF CURRENT WORKERS COMPENSATION CERTIFICATE: Exp. Date _____
- CERTIFICATE OF REGISTRATION WITH THE CITY OF BUCYRUS INCOME TAX
- OCIEB LICENSE PER OHIO R.C. CHAPTER 4740 (IF APPLICAPBLE): Exp. Date _____

LIST SUBCONTRACTORS: (PLEASE NOTIFY ENGINEERING/ZONING OFFICE WHEN LIST CHANGES)
 (NAME) (ADDRESS)

_____	_____
_____	_____
_____	_____
_____	_____

I HEREBY AFFIRM THAT THE STATEMENT CONTAINED HEREIN ARE TRUE, FACTUAL AND COMPLETE.

APPLICANT'S SIGNATURE _____ TITLE _____ DATE _____

OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____ RECEIPT#: _____

City of Bucyrus – Business Registration

Income Tax Department

BUSINESS NAME:		FEDERAL ID #:	
MAILING ADDRESS:		BUCYRUS LOCATION ADDRESS:	
NATURE OF BUSINESS:		DATE BUSINESS BEGAN IN BUCYRUS:	
CIRCLE ONE: CORPORATION PARTNERSHIP/LLC SUB S CORPORATION SOLE PROPRIETOR LAND/RENTAL OWNER OTHER _____			
IF SOLE PROPRIETOR, PLEASE LIST OWNER'S NAME AND SOCIAL SECURITY NUMBER			
DO YOU OPERATE ON A CALENDAR OR FISCAL YEAR END?		IF FISCAL, LIST YEAR END DATE:	
DO YOU HAVE EMPLOYEES?		IF YES, HOW MANY?	
DO YOU HAVE ANY EMPLOYEES THAT ARE NOT SUBJECT TO BUCYRUS INCOME TAX?		IF YES, PLEASE EXPLAIN:	
DO YOU ANTICIPATE WITHHOLDING OF \$200.00 OR MORE PER MONTH?		IS YOUR COMPANY STRICTLY A COURTESY WITHHOLDING ACCOUNT?	
DO YOU USE AN OUTSIDE PAYROLL COMPANY:		IF YES, NAME OF COMPANY:	
DO YOU USE INDEPENDENT CONTRACTORS OR CASUAL LABOR IN BUCYRUS?			
CORPORATE OFFICERS OR PARTNERS NAMES(S) AND TITLE(S), (IF MORE SPACE IS NEEDED, PLEASE ATTACH LIST):			
NAME AND PHONE NUMBER OF PERSON WE MAY CONTACT REGARDING:			
TAX RETURNS: _____		PHONE: _____	
WITHHOLDING ACCOUNT: _____		PHONE: _____	
E-MAIL: _____			
NAME AND TITLE OF PERSON COMPLETING THIS FORM (PLEASE PRINT):			DATE:

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