



CITY OF BUCYRUS
APPLICATION FOR CONTRACTOR REGISTRATION
(PLEASE PRINT CLEARLY)

VALID FOR
[Empty box for validity period]

[] NEW
[] RENEWAL

CONTRACTOR REGISTRATION NUMBER: _____ - _____

BUSINESS NAME: _____

OWNER(S) NAME : _____

BUSINESS ADDRESS: _____, _____, _____, _____
STREET CITY STATE ZIP CODE

CONTACT NUMBER: ____/____/____ CELL: ____/____/____ FAX NO: ____/____/____

EMAIL ADDRESS: _____
(PLEASE WRITE EXACTLY AS IT IS TYPED)

CONTRACTOR TYPE: _____

STATE LICENSE NO.: _____

PLEASE NOTE: The documents listed below are required as part of every Contractor Registration Application. Forms from previous year Contractor Registrations DO NOT carry over, and new copies must be provided with each and every renewal. Additionally, we require that you provide updated copied of your Certificate of Liability Insurance, and Ohio Workers Compensation certificates (if applicable) as they expire.

- [] CONTRACTOR REGISTRATION FORM
[] CITY OF BUCYRUS BUSINESS FORM
[] COPY OF CURRENT COPY OF CERTIFICATE OF LIABILITY INSURANCE
[] COPY OF CURRENT OHIO WORKERS COMPENSATION CERTIFICATE
[] OCIEB LICENSE PER ORC CHAPTER 4740 (IF APPLICABLE)

EXPIRATION DATE
____/____/____
____/____/____
____/____/____

[] FEE OF \$100 (NEW) OR \$25 (RENEWAL) PAYMENT TYPES ACCEPTED: CASH, OR CHECK. MAKE CHECKS PAYABLE TO THE CITY OF BUCYRUS. Contractor Registrations are valid for ONE calendar year (January 1 - December 31). Registrations expires on December 31 for the year in which it was issued. All registrations must be renewed prior to December 31st in order to qualify for the \$25 renewal fee. Registration applications received after the December 31st deadline will be processed as a "New" application, and will be subject the New fee of \$100.

I HEREBY AFFIRM THAT THE STATEMENT CONTAINED HERIN TO BE TRUE, FACTUAL, AND COMPLETE

APPLICANTS SIGNATURE

TITLE

DATE

OFFICIAL USE ONLY

APPROVED BY

TITLE

DATE

** PLEASE LIST ALL SUBCONTRACTORS ON THE BACK OF THIS FORM**

RECEIPT NO.

LIST OF SUBCONTRACTORS

(PLEASE NOTIFY ENGINEERING AND ZONING OFFICE WHEN LIST CHANGES)

NAME OF BUSINESS:

NAME OF OWNER(S):

ADDRESS BUSINESS:

_____ , _____ , _____ , _____
STREET CITY STATE ZIP CODE

NAME OF BUSINESS:

NAME OF OWNER(S):

ADDRESS BUSINESS:

_____ , _____ , _____ , _____
STREET CITY STATE ZIP CODE

NAME OF BUSINESS:

NAME OF OWNER(S):

ADDRESS BUSINESS:

_____ , _____ , _____ , _____
STREET CITY STATE ZIP CODE

NAME OF BUSINESS:

NAME OF OWNER(S):

ADDRESS BUSINESS:

_____ , _____ , _____ , _____
STREET CITY STATE ZIP CODE

NAME OF BUSINESS:

NAME OF OWNER(S):

ADDRESS BUSINESS:

_____ , _____ , _____ , _____
STREET CITY STATE ZIP CODE

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_____ , _____ , _____ , _____
STREET CITY STATE ZIP CODE

NAME OF BUSINESS:

NAME OF OWNER(S):

ADDRESS BUSINESS:

_____ , _____ , _____ , _____
STREET CITY STATE ZIP CODE

NAME OF BUSINESS:

NAME OF OWNER(S):

ADDRESS BUSINESS:

_____ , _____ , _____ , _____
STREET CITY STATE ZIP CODE

IF YOU NEED ADDITIONAL SPACE, PLEASE PRINT AND ATTACH A SECOND PAGE

CITY OF BUCYRUS - BUSINESS REGISTRATION

INCOME TAX DEPARTMENT

BUSINESS NAME: _____	FEDERAL IDENTIFICATION #: _____ - _____
MAILING ADDRESS: _____ _____ _____	BUCYRUS LOCATION ADDRESS: _____ _____ _____
NATURE OF BUSINESS: _____	DATE BUSINESS BEGAN IN BUCYRUS: _____ / _____ / _____
<i>CIRCLE ONE:</i> CORPORATION PARTNERSHIP/LLC SUB S CORPORATION SOLE PROPRIETOR LAND/RENTAL OWNER OTHER: _____	
IF SOLE PROPRIETOR, PLEASE LIST OWNERS NAME AND SOCIAL SECURITY NUMBER: _____ / _____ / _____	
DO YOU OPERATE ON A CALENDAR OR FISCAL YEAR END <i>CIRCLE ONE:</i> CALANDAR FISCAL	IF FISCAL, LIST YEAR END DATE: _____ / _____ / _____
DO YOU HAVE EMPLOYEES? <i>CIRCLE ONE:</i> YES NO	IF YES, HOW MANY? _____
DO YOU HAVE ANY EMPLOYEES THAT ARE NOT SUBJECT TO BUCYRUS INCOME TAX? <i>CIRCLE ONE:</i> YES NO	IF YES, PLEASE EXPLAIN: _____ _____
DO YOU ANTICIPATE WITHHOLDING OF \$200.00 OR MORE PER MONTH? <i>CIRCLE ONE:</i> YES NO	IS YOUR COMPANY STRICTLY A COURTESY WITHHOLDING ACCOUNT? <i>CIRCLE ONE:</i> YES NO
DO YOU USE AN OUTSIDE PAYROLL COMPANY? <i>CIRCLE ONE:</i> YES NO	IF YES, NAME OF COMPANY: _____
DO YOU USE INDEPENDENT CONTRACTORS OR CASUAL LABOR IN BUCYRUS? <i>CIRCLE ONE:</i> YES NO	
CORPORATE OFFICERS OR PARTNERS NAME(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 ADDRESS: _____	
PRINTED NAME AND TITLE OF PERSON COMPLETING THIS FORM	DATE _____ / _____ / _____

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Fax: (419) 562-9259

E-MAIL

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