



CITY OF BUCYRUS

APPLICATION FOR CONTRACTOR REGISTRATION

(PLEASE PRINT CLEARLY)

VALID FOR
2023

CONTRACTOR REGISTRATION NUMBER: _____ - _____

TYPE OF APPLICATION: NEW RENEWAL

FEDERAL IDENTIFICATION NUMBER: _____ - _____

COMPANY / BUSINESS DETAILS				
COMPANY INFORMATION	(NAME OF BUSINESS)	(OWNERS NAME)	(TITLE)	
ADDRESS OF BUSINESS	(STREET)	(CITY)	(STATE)	(ZIP) (SUITE)
CONTACT INFORMATION	(BUSINESS NO.)	(MOBILE NO.)	(FAX NO.)	(EMAIL ADDRESS)
TYPE OF CONTRACTOR				ARE YOU REQUIRED TO MAINTAIN A BOND CERTIFICATE <i>YES</i> <i>NO</i>

The documents listed in the Applicant Checklist section below must be included with your Contractor Registration Application. Forms from previous years registration do not carry over into the new registration year.

Applicant Checklist	<input type="checkbox"/>	CONTRACTOR REGISTRATION FORM. (REQUIRED)	DOCUMENT EXPIRATION DATES
	<input type="checkbox"/>	CITY OF BUCYRUS BUSINESS FORM. (REQUIRED)	
	<input type="checkbox"/>	CERTIFICATE OF LIABILITY INSURANCE OR RELIGIOUS EXEMPTION. (REQUIRED)	- -
	<input type="checkbox"/>	OHIO WORKERS COMPENSATION CERTIFICATE. (REQUIRED IF YOU HAVE EMPLOYEES)	- -
	<input type="checkbox"/>	OCIEB LICENSE PER ORC CHAPTER 4740. (OPTIONAL)	- -
	<input type="checkbox"/>	MY FEE OF \$100 (NEW) OR \$25 (RENEWAL) . Payment types accepted: cash or check only. Please make checks payable to the City of Bucyrus.	
	<input type="checkbox"/>	BOND CERTIFICATE (IF APPLICABLE)	
	<input type="checkbox"/>	I, The undersigned, hereby agree to provide and maintain a current Certificate of Liability Insurance listing the City of Bucyrus as certificate holder.	
	<input type="checkbox"/>	I, the undersigned, hereby affirm that the statements contained herein to be true, factual, and complete to the best of my knowledge.	
	<input type="checkbox"/>	I would prefer to receive all future renewal notifications via: (CIRCLE ONE) <i>EMAIL</i> <i>POSTCARD</i> <i>THIS IS A ONE TIME REGISTRATION</i>	

NAME AND TITLE OF PERSON COMPLETING THIS FORM (IF OTHER THAN OWNER)		
(PRINTED NAME)	(SIGNATURE)	
(TITLE/DESIGNATION)	(DATE)	

OFFICE USE ONLY		
(APPROVED BY)	(TITLE)	(DATE)
	(RECEIPT NUMBER)	(DATE)

LIST OF SUBCONTRACTORS

(PLEASE NOTIFY ENGINEERING AND ZONING OFFICE WHEN LIST CHANGES)

NAME OF BUSINESS:

NAME OF OWNER:

BUSINESS ADDRESS:

STREET CITY STATE ZIP CODE

NAME OF BUSINESS:

NAME OF OWNER:

BUSINESS ADDRESS:

STREET CITY STATE ZIP CODE

NAME OF BUSINESS:

NAME OF OWNER:

BUSINESS ADDRESS:

STREET CITY STATE ZIP CODE

NAME OF BUSINESS:

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STREET CITY STATE ZIP CODE

NAME OF BUSINESS:

NAME OF OWNER:

BUSINESS ADDRESS:

STREET CITY STATE ZIP CODE

NAME OF BUSINESS:

NAME OF OWNER:

BUSINESS ADDRESS:

STREET CITY STATE ZIP CODE

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: _____		DATE: ____/____/_____	
PRINTED NAME AND TITLE OF PERSON COMPLETING THIS FORM			