



The City of

**Alliance,** OHIO, 44601-2415

ENGINEERING, BUILDING & ZONING

"The Carnation City"

504 EAST MAIN STREET

Phone (330) 823-5122

Fax (330) 829-2236

## **CONTRACTOR REGISTRATION APPLICATION**

*A Certificate of Registration is issued for one year or a fraction thereof and expires on January 31<sup>st</sup>.*

**New Applicants \$135.00**

**Annual Renewal \$105.00**

**Please check the type(s) of registration you are applying for:**

**\*Below applications require a current State of Ohio License:**

\*Electrical

\*Fire Protection

\*HVAC (Heating, Cooling, Ventilation)

\*Plumbing (Register with the Alliance Health Department)

General Contractor

Concrete/Asphalt

Demolition

Deck Installation

Excavation/Tapping

Fencing Installation

Masonry

Roofing/Siding

**Company Name** \_\_\_\_\_

**Responsible Party for Notifications** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email** \_\_\_\_\_ **Federal Tax ID** \_\_\_\_\_

**Please attach the following documents in order for your application to be processed:**

- Workers Compensation Insurance Certificate
- Certificate of Liability Insurance with coverage limits of not less than one hundred thousand dollars (\$100,000.00) per occurrence of personal bodily injury and property damage
- Completed Income Tax Form (for new applicants only...see attached)
- State of Ohio License (Plumbing, Electric, HVAC, Fire Protection)
- Registration Fee (Checks to be made payable to City of Alliance)

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CITY OF ALLIANCE INCOME TAX DEPARTMENT  
APPLICATION FOR CERTIFICATION OF TAX REGISTRATION  
(Codified Ordinance 181.00)**

This registration application must be completed by any person, firm, partnership, or corporation intending to conduct business activity within the City of Alliance involving construction.

“Construction” means any construction, reconstruction, rehabilitation, remodeling, improvement, enlargement, alteration, repair, painting, decorating, or landscaping (Codified Ordinance 181.02(Z)).

The federal identification number (social security number for individuals) must be used to identify municipal income tax records.

**Contact Information:**

Name of Applicant (actual and exact) \_\_\_\_\_

Trade Name (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Type of Taxpayer (select one):**

Individual.....Social Security Number \_\_\_\_\_

Sub-Chapter S Corp.....Federal ID Number \_\_\_\_\_

Corporation.....Federal ID Number \_\_\_\_\_

Partnership.....Federal ID Number \_\_\_\_\_  
(list individual partners below)

Name \_\_\_\_\_ Social Security \_\_\_\_\_

Name \_\_\_\_\_ Social Security \_\_\_\_\_

Name \_\_\_\_\_ Social Security \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Address (if different from mailing) \_\_\_\_\_

Main Business Activity \_\_\_\_\_

Date Work Started in Alliance \_\_\_\_\_ Location in Alliance \_\_\_\_\_

Accounting Period for Federal Income Tax Purposes:

Calendar Year Ending December 31 OR  Fiscal Year Ending \_\_\_\_\_

Does applicant currently have employees?  Yes  No

If so, will these employees work in Alliance?  Yes  No

This applicant states that it is current in its obligation to file tax returns and pay taxes to the City of Alliance and/or that it has no obligation to file tax returns or pay taxes to the City of Alliance prior to the date of this application.

I certify that I have examined this application and to the best of my knowledge and belief it is true, correct and complete.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_