



CONTRACTOR REGISTRATION APPLICATION

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

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 million 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 _____