

APPLICATION FOR CONTRACTOR REGISTRATION

In accordance with Section 1309.11(f) of the Codified Ordinances of Sidney, Ohio, application is hereby made for registration as a _____ contractor. *(Please indicate the contractor type, i.e. general, electrical, etc.)*

It is understood that by signing this application, I/we agree to abide by all the rules and regulations pertaining to the Zoning and Building Codes of Sidney, Ohio. Additionally, I have attached proof of the following:

- A certificate of insurance showing that the contractor has general commercial liability insurance coverage with minimum limits of \$100,000.
- Proof of registration with the City Finance Office relative to the City Income Tax. (attached)
(Acknowledged by: _____ Sidney's Taxation Representative)

Company Name: _____

Mailing Address: _____

Phone: _____ Cell: _____ Fax: _____ E-mail: _____

Signed _____

Accompanying this application and required certificates is the
Contractor's fee of \$75.00

Please make checks payable to:

“City of Sidney”

201 W. Poplar Street

Sidney, Ohio 45365

www.sidneyoh.com

dbruport@sidneyoh.com

Date Received _____

Contractor Registration # _____

Receipt # _____

QUESTIONNAIRE
MUNICIPAL INCOME TAX . CITY OF SIDNEY, OHIO

The following information will aid us in preparing forms for your use under the Sidney Income Tax Ordinance A-2 151. Please answer the questions fully and return this Questionnaire to the Department of Taxation & Revenues, 201 West Poplar Street, Sidney, OH 45365. Your compliance with this request within five days will be appreciated.

1. Please check your type of business:

Individual Proprietorship ___ Corporation ___ Partnership — Non-Profit ___ Other ___

2. Federal Identification Number _____ Social Security Number _____

3. Give home address of owner (s) or partners if a partnership.

(A) _____

(B) _____

(C) _____

4. Name of Corporation: _____ Telephone # _____

5. Business Address: _____

6. Mailing Address: _____

7. Are there now or will there be employees subject to Sidney Municipal Tax? Yes ___ No ___ Approximate Number

8. Date business activities started in Sidney: _____

9. Nature of Business: _____

10. Accounting Period: Calendar Year ___ Fiscal Year Ending ___ (State Month)

Note: A fiscal year ending can only be used when your accounting period as used on your federal return does not end on December 31.

11. Do you Own ___ Rent ___ Lease ___ your place of business in Sidney?

If rent or lease, from whom?

Name and Address: _____

12. Name and address of person or organization in charge of books or records.

If applicable, please complete the Sub-Contractor Listing of information on the next page.

Thank you for your cooperation.

Phone 937 498-8111

Sidney Income Tax Department

Fax 937 498-8149

SUB-CONTRACTOR LISTING

Name _____
Address _____

Soc Sec _____
Amount _____

Name _____
Address _____

Soc Sec _____
Amount _____

Name _____
Address _____

Soc Sec _____
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Name _____
Address _____

Soc Sec _____
Amount _____

Please attach an additional page if needed.

The above does not apply since no sub-contractors will be used by our company while working within the City of Sidney.

Signed: _____ Date: _____

PLEASE STATE THE ADDRESS LOCATION OF WORK LOCATION WITHIN THE CITY.
