

# 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](http://www.sidneyoh.com)

[dbrulport@sidneyoh.com](mailto:dbrulport@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 \_\_\_\_\_  
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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.

\_\_\_\_\_