



APPLICATION FOR CONTRACTOR REGISTRATION
CITY OF CHILLICOTHE BUILDING DEPARTMENT

Requirements for registering with the City of Chillicothe Building Department.

1. Completed application.
2. Annual fee of **One Hundred Dollars** (\$100.00). **CHECK OR CASH ONLY**. Registration must be renewed every 12 months. Failure to register will result in termination of all work on the project and/or an assessment amounting to double the cost of the registration fee for each offense. Each day that a contractor fails to register constitutes a separate offense.
3. Original copy of Compliance Bond in the amount of Fifteen Thousand Dollars (\$15,000.00).
4. Certificate of Contractor's Liability Insurance in the amount of Three Hundred Thousand Dollars (\$300,000.00).
5. Ohio Workers Compensation Certificate. When your workers comp certificate **expires** during the year for which you are registered, you **MUST** provide a current copy. If you **do not** carry workers' compensation, **attached** sheet must be completed and **NOTARIZED**.
6. Copy of Ohio Construction Industry License if you are registering as a HVAC, refrigeration, electrical, plumbing or hydronics contractor. (*Per Ohio Revised Code, you **MUST** provide the Building Department with a copy of your State of Ohio Contractors License to perform commercial work.)
7. All contractors registering with the Chillicothe Building Department for the **FIRST** time must also submit the attached City of Chillicothe Income Tax forms at the time of registration. Questions concerning the income tax forms are to be directed to the Chillicothe Income Tax Department at 740-773-1161.

I hereby make application to the City of Chillicothe Certified Building Department for contractor registration as:
(check one or both as applies):

	<u>Residential</u>	<u>Commercial</u>
<input type="checkbox"/> Electrical	<input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> Plumbing	<input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> HVAC	<input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> Refrigeration	<input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> Hydronics, Steam, Gas	<input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> Fire/Security Detection & Suppression	<input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> General Contractor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Framing & Drywall	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Roofing Contractor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Home Improvement	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sign (Graphics) Contractor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Landscaping & Fencing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Excavator/Sewer Tapper	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Business/Company Information

Business Name _____

Address _____ Email _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

Federal Tax ID Number _____

Applicant Information:

Name _____ Telephone () _____

Address _____

City _____ State _____ Zip _____

Statement By Applicant:

State of Ohio Trade or Contractors License # _____, Expires _____

(Required)

Bonding Company _____, Bond Number _____

Agent's Name _____ Phone () _____

Agent's Address _____ State _____ Zip _____

Liability Insurance Company _____

Agent's Name _____ Phone () _____

Agent's Address _____ State _____ Zip _____

I hereby certify that, to the best of my knowledge and belief, all statements made herein are complete and accurate. In addition, I hereby agree that the business will conform with the Rules and Regulations of the City of Chillicothe and **Chapter 1310 of the Codified Ordinances** including all amendments thereto, relating to the registering of contractors.

Signature: _____ Date: _____

WORKERS COMPENSATION COMPLIANCE

As an employer, you are required by the State of Ohio to provide Ohio Workers' Compensation for any employees working for you. If you are **self-employed or do not have any employees** on your payroll you are **NOT** required to carry Workers' Compensation insurance. The following is to be sign and notarized and returned with your renewal application if you **self-employed or do not have any employees**.

I HEREBY STATE DUE TO THE FACT THAT I AM SELF-EMPLOYED AND DO NOT EMPLOY ANY ADDITIONAL PEOPLE, I AM NOT REQUIRED TO PROVIDE WORKERS' COMPENSATION IN ANY FORM.

Applicant signature _____

Sworn to before me and subscribed in my presence this _____ day of _____, 20 ____.

Notary Public

My Commission Expires: _____.



COMPLIANCE BOND

CITY OF CHILLICOTHE
BUILDING DEPARTMENT
35 S. PAINT STREET
CHILLICOTHE, OHIO 45601
(740) 773-8980 Office
(740) 779-6476 Fax

BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS, THAT WE _____,
as Principal, and _____, as Surety, are held and firmly bond unto THE CITY
OF CHILLICOTHE, OHIO, as OBLIGEE in the penal sum of FIFTEEN THOUSAND AND 00/100 (\$15,000.00) DOLLARS
for the payment of which well and truly to be made we bind ourselves, our heirs, executors, administrators,
successors and assigns, jointly and severally, firmly by these presents.

Signed, sealed and dated this _____ day of _____, 20__.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above principal has or is about to apply to said CITY OF CHILLICOTHE for
registration in accordance with **Chapter 1310**, including all amendments thereto, of the CITY OF
CHILLICOTHE CODIFIED ORDINANCES, and

WHEREAS, said bond is issued for the term beginning the _____ day of _____, 20____
and ending the _____ day of _____, 20____.

NOW THEREFORE, the conditions of this obligation are such that if the said principal shall well and truly comply
with and faithfully discharge his duties according to the terms of said ordinance, then this obligation shall be
void, otherwise to be and remain in full force and effect, provided, however, that the surety may (1) cancel this
bond at any time by giving thirty (30) days notice in writing by registered mail to the Department of Building of
the City of Chillicothe, Ohio, but such cancellation or termination shall not affect any liability incurred or accrued
prior to the effective date of such written notice, and (2) this bond may be extended or continued for annual
periods of one year by issuance of a continuation certificate as evidence thereof of such continuation by the
Surety.

BY: _____
PRINCIPAL

BY: _____
ATTORNEY - IN - FACT

**City of Chillicothe
Income Tax Department
Business & Professional Questionnaire**



Remit to:	P.O. Box 457 Chillicothe, OH 45601
-----------	---------------------------------------

City Tax ID # _____

The information requested is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this questionnaire and return within 15 days. If you have any questions, please contact the Chillicothe Income Tax Department at: 740-773-1161 (phone), 740-773-4535 (fax) or julie.parker@chillicotheoh.gov.

TYPE OF ORGANIZATION: (Please check one)

☐ Corporation ☐ Partnership ☐ Non-Profit Corporation ☐ Sole Proprietorship

FEDERAL ID # _____ **OR** **SOCIAL SECURITY #** _____

1. Local name and address as used for business purposes:

Business Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Fax #: _____
Email: _____

2. Describe your primary product or service: _____

3. What date did your operation begin in Chillicothe? _____

4. Accounting period used: ☐ calendar year ending Dec. 31 ☐ fiscal year ending _____

5. If corporate subsidiary, give name and address of parent company main office:

Name: _____
Address: _____
City/State/Zip: _____

6. If partnership of other unincorporated joint business venture, list names and addresses of partners, associates, or members in venture: (attach list if more space is needed)

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

7. Please complete the appropriate statement:
(A) Number of employees (if sole proprietorship, do not include yourself)
Full-time _____ Part-time _____ ☐ No Employees
(B) Date when employees began working in Chillicothe _____
8. Estimated annual payroll: _____ x 2% = _____ (estimated tax withheld)
Filing will be: ☐ Monthly (if income tax withheld is over \$2,399.00 per year)
☐ Quarterly (if income tax withheld is under \$2,399.00 per year)
9. Do you lease business space from others? If so, to whom is rent paid? (Give owner if known; otherwise, representative or agent.)

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Phone #</u>

10. Send the net profit tax return to:
Business Name: _____
Care of: _____
Address: _____
City/State/Zip: _____ Phone #: _____
11. Send the withholding report tax form to:
Business Name: _____
Care of: _____
Address: _____
City/State/Zip: _____ Phone #: _____
12. Do you operate any other businesses within Chillicothe?
☐ Yes ☐ No If yes, please list other businesses within Chillicothe: _____
13. For Contractors / Sub-Contractors only: ☐ General Contractor ☐ Sub-Contractor
(A) Location of current job: _____ Estimated cost of job: _____
(B) Probable length of job: From _____ To _____
(C) Will you be doing more than one job in Chillicothe? ☐ Yes ☐ No
(D) Name and address of party from whom work is contracted:

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>

(E) Will you be sub-contracting any of the work to someone else? (If yes, please attach a list with names and addresses.) ☐ Yes ☐ No

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

Signature _____ Title _____ Date _____

Company _____ City/State/Zip _____ Phone # _____