

Check List to Help Expedite Contractor Registration

- ❑ Contractor Registration Application. Completed and signed by the person chosen to be the responsible party for the company.
- ❑ A Certificate of Liability Insurance. Written by an insurance company licensed to do business in the State of Ohio with the limits of liability no less than one hundred thousand dollars (\$100,000) for damages to a single person, and three hundred thousand dollars (\$300,000) for one (1) occurrence.
- ❑ Proof of Ohio Workers' Compensation coverage.
- ❑ Assignment of Registration. If assigning the registration to a business concern, a completed, signed and notarized Contractor Registration Assignment/Authorized Signer Form is required. When an assignment is made, all documents are to be completed in the name of the business and a list of individuals that will be authorized to apply for permits in the name of said business must sign the form. Additional signature sheets may be attached as necessary. Only persons whose signatures appear on the assignment form are authorized to sign permit applications.
- ❑ Income Tax Contractor Application. If assigning the registration to a business concern, the Federal Taxpayer ID Number of that business concern or responsible party's Social Security Number is required. Paperwork that has omitted either of these pieces of identification will be returned without being processed. Registration with the Income Tax Division will be processed from the application data.
- ❑ Copy of State License if OCILB (if applicable)
- ❑ Registered Contractor Sub List. A general contractor shall provide with the request for Certificate of Occupancy a list of all subcontractors used on the project for which the Certificate of Occupancy is being sought. **This form is required in the field by the inspector.**
- ❑ Registration Fee: The registration fee is \$125.00. Payment may be made in person or by mail to:

Business Development and Permit Center
Contractor Registration
3300 Central Parkway
Cincinnati, OH 45225

Checks should be made payable to the "City of Cincinnati". Download a copy of the contractor registration forms package at:

www.cincinnati-oh.gov/bldginsp/downloads/bldginsp_eps41345.pdf

**BUILDING CONSTRUCTION, HOME IMPROVEMENT AND SPECIALTY
CONTRACTOR REGISTRATION APPLICATION**

**CITY OF CINCINNATI – DEPARTMENT OF PLANNING – BUILDINGS AND INSPECTIONS DIVISION
3300 CENTRAL PARKWAY – CINCINNATI, OHIO – 45225 – 513. 352.3271 (PHONE) – 513. 352.2579 (FAX)
WWW.CINCINNATI-OH.GOV**

Note: For application requirements for ANY registration, refer to Cincinnati Municipal Code Chapter 1106 General and Specialty Contractors

Please check one of the following contractor registration categories and if applicable, select one of the specialties from the attached list.
If the description is left blank, you will be listed as a general contractor on our web site.

This application is for registry as a:

Home Improvement Contractor specializing in _____
 OCILB Contractor licensed in the following trade: Electrical____ Mechanical____ Plumbing____ Hydronics____ Refrigeration____
 Contractors License Number _____

 Building Construction Contractor specializing in _____

PART I: APPLICANT/REGISTRANT INFORMATION

Application Date _____

I, the undersigned hereby apply for a Contractor Registration, in the City of Cincinnati, Ohio, and for that purpose give the following information and answers to ALL of the questions contained in this application:

Name _____

Home Address _____ City/State/Zip _____

Home Telephone _____ Business Telephone _____

E-mail Address _____

PART II: BUSINESS/COMPANY INFORMATION

Business Name _____

Business Mailing Address _____ City/State/Zip _____

Business E-mail Address _____ Fax # _____

Business Type (Check One) Individual Only ____ Sole Proprietorship ____ Partnership ____ Corporation ____

Do you have employees who live or work in Cincinnati? (Check One) Yes____ No____

Other (specify)_____

PART III: STATEMENT BY APPLICANT

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed may cause loss of my right of registration, and may subject me to prosecution under Ohio Revised Code Section 2921.13

Date _____ Signature of Applicant _____

Official Use Only

ISSUE DATE OF REGISTRATION _____

REGISTRATION # _____



City of Cincinnati Income Tax Division Contractor Account Application

Complete this form and send to:
Cincinnati Income Tax Division
805 Central Avenue Suite 600
Cincinnati, OH 45202-5756
Phone: (513) 352-2546 Fax: (513) 352-3855
Website: www.cincinnati-oh.gov/citytax

Account Type 17

<p>Company Name: _____</p> <p>Doing Business As: _____</p> <p>Company Address: _____</p> <p>City/State/Zip Code: _____</p> <p>Phone Number: _____ FAX No.: _____</p> <p>SSN: _____ Federal ID No.: _____</p> <p>Contact Person: _____</p>	<p>Registration Number _____</p> <p>Cincinnati Location (If different than Company Address):</p> <p>Street Address: _____</p> <p>City/State/Zip Code: _____</p> <p>Local Phone Number: _____</p> <p>E-Mail Address: _____</p> <p>Local Contact Person: _____</p>
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Type of Business Entity (Check the box that applies to your business):

<input type="checkbox"/> Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> LLC	<input type="checkbox"/> Single Member LLC	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Trust
<input type="checkbox"/> Voluntary Withholder	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Other _____	

(Specify)

Nature of Business: _____ **Fiscal Year End** (*Jan through Dec*): _____

Will your company conduct business within Cincinnati? YES NO

If so, when will you begin doing business within Cincinnati? _____

Date

Will you have employees subject to Cincinnati withholding tax? YES NO

If so, when will the withholding activity begin? _____

Date

Will your withholding payments exceed \$300 per month? YES NO

If you use a payroll company, please provide the name of the payroll company. _____

Please provide your payroll company contact person's name and telephone number. _____

Corporation:

Name	Residential Address	Social Security Number
President: _____	_____	_____
Treasurer: _____	_____	_____

Partnership (attach additional sheets if necessary):

Partner's Name	Residential Address	Social Security Number
_____	_____	_____
_____	_____	_____

Sole Proprietorship (including Single Member LLC):

Owner's Name	Residential Address	Social Security Number
_____	_____	_____