

CITY OF SALEM

Contractor/Subcontractor/1099 Employee Registration Form

Codified Ordinances Chapter 181 & 1145

YOU MUST COMPLETE THE 5 STEPS BELOW TO APPLY OR RENEW THE ANNUAL CONTRACTOR REGISTRATION. TO RENEW, YOU MUST BE CURRENT WITH THE SALEM INCOME TAX DEPARTMENT. RENEWALS & NEW APPLICANTS MUST SUBMIT AN INSURANCE CERTIFICATE AND WORKERS COMP. CERTIFICATE.

2009

1

Date: _____

*Effective January 31, 2002, Ohio House Bill 434 requires mandatory state licensing of all electrical, HVAC, plumbing, hydronics & refrigeration contractors. HB 434 permits cities to register contractors, charge a fee and require the submittal of proof of registration.

YOUR OHIO STATE LICENSE NUMBER: _____

TYPE OF CONTRACTOR: (i.e. General/Plumbing/Electrical, etc.) _____

PURPOSE OF REGISTRATION: 1.) Working at: _____ **Job Location**
2.) No specific job... just registering _____

INDIVIDUAL NAME: _____

Doing Business As: _____ **e-mail:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

2

COMPLETE THE ENCLOSED **INCOME TAX BUSINESS FORM**. IN ADDITION TO THIS FORM, EXISTING BUSINESSES WITH INCOME TAX ACCOUNTS MUST BE CURRENT TO RECEIVE A CONTRACTOR REGISTRATION NUMBER.

3

COMPREHENSIVE GENERAL LIABILITY INSURANCE:

MINIMUM REQUIRED: \$300,000.00 (THREE HUNDRED THOUSAND DOLLARS) EACH OCCURRENCE COMBINED SINGLE LIMIT FOR BODILY INJURY AND PROPERTY DAMAGE LIABILITY.....MUST BE CURRENT FOR THE ENTIRE PERIOD OF THIS REGISTRATION (2008 YEAR).....YOU MUST ATTACH A COPY OF YOUR CERTIFICATE WITH THE CITY OF SALEM LISTED AS A CERTIFICATE HOLDER.

YOUR AGENT'S NAME: _____ **PHONE:** _____

4

OHIO WORKER'S COMPENSATION CERTIFICATE:

IF YOU PARTICIPATE IN THIS PROGRAM. YOU MUST ATTACH A COPY OF YOUR CURRENT CERTIFICATE.

5

FEE: \$50.00 MAKE CHECKS PAYABLE TO: CITY OF SALEM

CERTIFICATION: I certify that all information on this form is correct

Signature _____

Printed Name and Title _____

NEW
RENEWAL

FOR OFFICE USE ONLY

CHECK NUMBER	WA	SUBS	1099

NOTES:

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