

# 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.**

# 2010

**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**

DO YOU PARTICIPATE IN THE OHIO WORKER'S COMPENSATION PROGRAM: YES  NO

IF YES, **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

**CR2010-**

### FOR OFFICE USE ONLY

CHECK NUMBER	WA	SUBS	1099

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NOTES: