

**APPLICATION FOR CONTRACTOR REGISTRATION
CITY OF SIDNEY & SHELBY COUNTY**



City of Sidney Community Services Department
201 W Poplar St, Sidney OH 45365
Phone: (937) 498-8130 Fax: (937)-498-8119
Email: lphilipps@sidneyoh.com



In accordance with the Codified Ordinances of Sidney, and the Shelby County Building Code, all contractors must be registered and demonstrate proof of liability insurance before engaging in any construction, alteration or repairs.

I/we are registering as a contractor (see detail info below):

- Within the City of Sidney only (\$75.00)
- In the City of Sidney and Shelby County (\$150.00)
- In Shelby County outside of Sidney only (\$75.00)

- All contractors performing work within the City of Sidney (commercial or residential) must be registered with the City of Sidney.
- All contractors performing work within Shelby County, outside of the City of Sidney must be registered with Shelby County
- Contractors can register for the City of Sidney and Shelby County at the same time or separately at different times
- Plumbing contractors and household sewage contractors may also need to register with the Shelby County Health Department.

This application is hereby made for registration as (check all that apply):

- General contractor
- Electrical
- HVAC
- Other: _____

It is understood that by signing this application, I/we agree to abide by all the rules and regulations pertaining to Zoning and Building Codes for the applicable jurisdiction. Additionally, I have attached the following:

- A certificate of insurance showing that the contractor has general commercial liability insurance coverage with minimum limits of \$100,000;
- A completed Questionnaire, Municipal Income Tax, City of Sidney (**required for City of Sidney registration only**)
(Acknowledged by _____ Sidney's Taxation Representative)
- Copy of State Contractors License (**required for electrical, HVAC, hydronics & refrigeration – commercial permits only**) State Contractors License # _____

Company Name: _____

Mailing Address: _____

Office Phone #: _____ Cell phone #: _____

Fax #: _____ E-mail: _____

Signed: _____ Name & Title: _____

Please make checks payable to:
City of Sidney
201 W Poplar St
Sidney OH 45365

www.sidneyoh.com
lphilipps@sidneyoh.com

For Office Use Only

DATE FILED _____ FEES PAID \$ _____ RCPT # _____

SIDNEY REGISTRATION: APP #: _____ REGISTRATION # _____

SHELBY CO REGISTRATION: APP #: _____ REGISTRATION # _____

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 _____

Soc Sec _____
Amount _____

Name _____
Address _____

Soc Sec _____
Amount _____

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Name _____
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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.
