

The City of

Alliance, OHIO, 44601-2415

"The Carnation City"

504 EAST MAIN STREET

ENGINEERING, BUILDING & ZONING

Phone (330) 823-5122

Fax (330) 829-2236

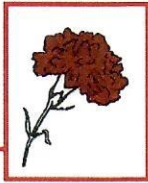
To: All Contractors
From: City of Alliance, Building Department
Re: Contractor Licensing

This letter will serve as notification that your contractor's license expires on January 31st of each calendar year. Your contractor license(s) must be renewed by January 31st in order to work within the city limits of Alliance on a yearly basis.

In order to register **ALL** of the following items must be received:

1. Below payment is required for **each** category (electrical, fire suppression, general and/or mechanical) payable to the City of Alliance
 - a. Renewal payment is \$105.00
 - b. New contractor (never registered) is \$135.00
2. Completed application form
3. Completed income tax form
4. Copy of workers' compensation certificate (if one on file is expired)
5. Copy of liability insurance certificate – minimum coverage of \$1,000,000.00 (if one on file is expired)
6. Copy of state license (if one on file is expired – not required by General Contractors)

Copies of the application and income tax forms can be found on our website:
www.cityofalliance.com



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Phone (330) 823-5122
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DATE: _____

APPLICATION FOR CONTRACTOR'S LICENSE

PLEASE CHECK ALL THAT APPLY:

LICENSE YEAR: _____

Electrical Contractor _____

Fire Suppression Contractor _____

General Contractor _____

Mechanical Contractor _____

COMPANY NAME: _____

CONTACT NAME: _____

COMPANY STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COMPANY MAILING ADDRESS: _____
(only if different from street address)

CITY: _____ STATE: _____ ZIP CODE: _____
(only if different from street address)

COMPANY TELEPHONE NUMBER: _____

COMPANY FAX NUMBER: _____

COMPANY CELL PHONE NUMBER: _____

COMPANY E-MAIL ADDRESS: _____

FEDERAL TAX IDENTIFICATION NUMBER: _____

CITY OF ALLIANCE INCOME TAX DEPARTMENT
APPLICATION FOR CERTIFICATION OF TAX REGISTRATION
(Codified Ordinance 181.172)

This registration application must be completed by any person, firm, partnership, or corporation intending to conduct a business activity within the City of Alliance involving construction.

"Construction" means any construction, reconstruction, rehabilitation, remodeling, improvement, enlargement, alteration, repair, painting, decorating, or landscaping (Codified Ordinance 181.02 (21)).

The federal identification number (social security number for individuals) must be used to identify municipal income tax records.

1. (a) Name of Applicant (actual and exact) _____
(b) Trade Name if different from above _____
(c) Telephone Number () _____ Fax Number () _____
2. Type of Taxpayer
() Individual Social Security Number _____
() Sub-Chapter S Corp Federal ID Number _____
() Corporation Federal ID Number _____
() Partnership (list individual partners below) Federal ID Number _____

Name _____	Social Security _____
Name _____	Social Security _____
Name _____	Social Security _____
3. Mailing Address _____
4. Location if different from mailing address _____
5. Main Business Activity _____
6. Date work started in Alliance _____
7. Location in Alliance _____
8. Accounting period for federal income tax purposes:
() Calendar year ending December 31 () Fiscal year ending _____
9. Does applicant currently have employees? () Yes () No
If so, will these employees be working in Alliance? () Yes () No

This applicant states that it is current in its obligation to file tax returns and pay taxes to the City of Alliance and/or that it has no obligation to file tax returns or pay taxes to the City of Alliance prior to the date of this application.

I certify that I have examined this application and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Applicant _____ Date _____