

**BELLEFONTAINE ENGINEERING DEPARTMENT**  
**135 N. Detroit Street**  
**Bellefontaine, Ohio 43311**  
**937-593-0417**

**Re: Contractor's Registration Renewal**

Contractors are required to register with the City of Bellefontaine in order to do business in Bellefontaine.

Enclosed please find a form for your use. If you have any questions feel free to contact our office at any time. Thank you for your cooperation in this matter.

**NEW INFORMATION REQUIRED: TAX QUESTIONNAIRE MUST BE COMPLETED AND RETURNED WITH THE COMPLETED CONTRACTOR REGISTRATION.**

**REQUIRED: PROOF OF CURRENT INSURANCE COVERAGE FOR CLAIMS AND DAMAGES FOR PERSONAL INJURY AND PROPERTY DAMAGES FOR SAID APPLICANT AND HIS EMPLOYEES.**

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**1307.01 REGISTRATION REQUIRED.**

No general building contractor, plumbing, electrical, heating, piping, sewer building, air conditioning or refrigeration contractor, building tradesman, building repairman or any other individual offering such services for a fee, other than employees of firms offering such services, shall perform any such work within the City without first obtaining a certificate of registration from the City Engineer and/or City Service-Safety Director and/or his or her designated representative.

(Ord. 77-23. Passed 5-10-77; Ord. 84-53. Passed 9-25-84.)

**1307.04 DURATION AND FEE.**

The certificate of registration shall be valid for the calendar year in which it is issued, and application shall be made for a renewal annually thereafter. **An annual (renewal) registration fee of twenty-five (\$25.00) shall be paid with the application.** Effective January 1, 1990, the following registration fees shall be paid with all applications;

Individuals and organizations employing	
Five or fewer employees	\$50.00 (the first year)
Organizations employing six or more	
Employees	\$75.00 (the first year)

(Ord. 89-105. Passed 12-12-89.)

DATE: \_\_\_\_\_

FEE PAID \_\_\_\_\_

**APPLICATION FOR  
CONTRACTOR REGISTRATION # \_\_\_\_\_ (OFFICE USE)**

MAKE CHECKS PAYABLE TO: **CITY OF BELLEFONTAINE**  
MAIL TO: ENGINEERING DEPT., 135 N. DETROIT ST. BELLEFONTAINE, OHIO 43311  
(937-593-0417, FAX 937-592-0655)

COMPANY NAME \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_

NUMBER OF EMPLOYEES (INCLUDING YOURSELF) \_\_\_\_\_

DO YOU HAVE LIABILITY INSURANCE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

TAX DEPT. NOTIFIED?  DATE: \_\_\_\_\_ TAX SUPERINTENDENT \_\_\_\_\_

I HEREBY AGREE WHEN PROPERLY REGISTERED, TO COMPLY WITH ALL CITY CODES AND ORDINANCES AND ASSIST TO THE BEST OF MY ABILITY WITH THE ENFORCEMENT OF SAID REGULATIONS.

I ALSO CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY PART OF THIS APPLICATION IS FOUND TO BE FALSE, MY REGISTRATION SHALL BE REVOKED UPON COMPLETION OF BUILDING PERMITS ISSUED TO ME AND NO NEW BUILDING PERMITS SHALL BE ISSUED.

SIGNED: \_\_\_\_\_

(OFFICE USE) APPROVAL: \_\_\_\_\_

**REQUIRED: PROOF OF CURRENT INSURANCE COVERAGE** FOR CLAIMS AND DAMAGES FOR PERSONAL INJURY AND PROPERTY DAMAGES FOR SAID APPLICANT AND HIS EMPLOYEES.

FIRST TIME FEE:            0-5 EMPLOYEES            \$50.00 COVERS FIRST YEAR JAN. – DEC.  
   6 OR MORE                    \$75.00 COVERS FIRST YEAR JAN. – DEC.

**ANNUAL RENEWAL FEE: \_\_\_\_\_ \$25.00/YEAR**



DEPARTMENT OF TAXATION AND REVENUE  
135 North Detroit Street Bellefontaine, Ohio 43311-1462  
Telephone: 937/593-8362 FAX: 937/593-8372

Date\_\_\_\_\_

RE: Contractor Registration - Bellefontaine, OH 43311 2022

**PLEASE COMPLETE AND RETURN THIS CONFIDENTIAL CORPORATE OR BUSINESS QUESTIONNAIRE WITHIN TEN (10) DAYS FOR THE PURPOSE OF ESTABLISHING YOUR CURRENT TAX STATUS. THANK YOU.**

LOCAL TRADE NAME\_\_\_\_\_

LOCAL ADDRESS\_\_\_\_\_

IF BRANCH, GIVE NAME & ADDRESS OF MAIN COMPANY OFFICE\_\_\_\_\_

TYPE OF OWNERSHIP: Individual owner\_\_\_\_\_ Corporation\*\*\_\_\_\_\_ Partnership\_\_\_\_\_ Association\_\_\_\_\_  
(LIST ALL OWNERS, PARTNERS, AND/OR OFFICERS' NAMES, ADDRESSES AND SOCIAL SECURITY NUMBERS ON THE BACK OF THIS FORM.) \*\*ALSO, NAME & ADDRESS OF STATUTORY AGENT.\*\*

NATURE OF BUSINESS\_\_\_\_\_

LOCATION OF BUSINESS OR JOB IN CITY\_\_\_\_\_

DATE STARTED IN BELLEFONTAINE\_\_\_\_\_ EMPLOYEES ON JOB? YES\_\_\_\_\_ NO\_\_\_\_\_

ESTIMATED DOLLAR AMOUNT OF BELLEFONTAINE PAYROLL PER MONTH\_\_\_\_\_

Number of employees in Bellefontaine\_\_\_\_\_ Do you expect employees in the future \_\_\_\_\_

If yes, give approximate date\_\_\_\_\_

DO YOU HAVE SUB-CONTRACTORS? YES\_\_\_\_\_ NO\_\_\_\_\_ (List names and complete addresses on the back.)

IF YOU RENT OR LEASE IN BELLEFONTAINE, GIVE NAME AND ADDRESS OF LANDLORD OR OWNER:

Accounting period: Calendar year basis\_\_\_\_\_ Fiscal year ending\_\_\_\_\_  
NAME & ADDRESS OF ACCOUNTING FIRM OR INDIVIDUAL WHO PREPARES YOUR CITY INCOME TAX FORMS.

NAME & ADDRESS TO BE USED ON ALL CITY INCOME TAX RETURNS:\_\_\_\_\_

SIGNATURE\_\_\_\_\_ TITLE\_\_\_\_\_

DATE SIGNED\_\_\_\_\_ FEDERAL ID OR SS#\_\_\_\_\_

TELEPHONE #\_\_\_\_\_

**BELLEFONTAINE CITY TAX RATE IS 1.333%**