



CITY OF BELLEFONTAINE · ENGINEERING DEPARTMENT

135 N DETROIT ST · BELLEFONTAINE, OHIO 43311
ENGINEERING@CI.BELLEFONTAINE.OH.US
(937) -593-0417

NOVEMBER 27, 2023

RE: CONTRACTOR'S REGISTRATION RENEWAL

CONTRACTORS ARE REQUIRED TO REGISTER WITH THE CITY OF BELLEFONTAINE IN ORDER TO DO BUSINESS WITHIN THE CITY LIMITS. 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.

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

1307.01 REGISTRATION REQUIRED.

NO GENERAL BUILDING CONTRACTOR, PLUMBERS, 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;

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

(ORD. 89-105. PASSED 12-12-89.)



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CONTRACTOR REGISTRATION

OFFICE USE ONLY: DATE:	REGISTRATION FEE:	PAYMENT TYPE:	REGISTRATION #:
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APPLICANT SHALL COMPLETE TAX QUESTIONNAIRE AND OBTAIN TAX SUPERINTENDENT SIGNATURE ON THIS FORM PRIOR TO SUBMISSION TO ENGINEERING DEPARTMENT.

MAKE CHECKS PAYABLE TO: CITY OF BELLEFONTAINE

MAIL TO: ENGINEERING DEPT., 135 N. DETROIT ST., BELLEFONTAINE, OHIO 43311
 (937) 593-0417

APPLICANT: **COMPLETE ALL APPLICABLE SPACES, PRINT CLEARLY AND FIRMLY TO MAKE ALL COPIES READABLE**

COMPANY NAME:

OWNER'S NAME:

MAILING ADDRESS:

CITY/STATE/ZIP:

PHONE:

EMAIL:

TYPE OF WORK:

SEWER TAPPING

LIABILITY INSURANCE CARRIER:

PHONE:

EMAIL:

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

CITY TAX DEPT.

NOTIFICATION: TAX SUPERINTENDENT: DATE:

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.

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. EFFECTIVE JANUARY 1, 1990, THE FOLLOWING REGISTRATION FEES SHALL BE PAID WITH THE APPLICATION:

FEE SCALE: 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

(ORD. 89-105. PASSED 12-12-89.)

APPLICANT SIGNATURE: DATE:

OFFICE USE ONLY

REGISTRATION ISSUED BY: DATE:



DEPARTMENT OF TAXATION AND REVENUE

135 North Detroit Street Bellefontaine, Ohio 43311-1463

Telephone: 937/593-8362 FAX: 937/593-8372

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 1.6% (July 1, 2024)**

EMAIL _____