

Village of Perry

2008

CONTRACTOR / SUBCONTRACTOR REGISTRATION

In order to register as a contractor working in the Village of Perry, the following is to be returned **COMPLETE** to the Village of Perry, Attention: Contractors Registration Department; 3758 Center Rd., P.O. Box 100, Perry Ohio 44081. **FAXED COPIES NOT ACCEPTED:**

1. Thirty Five Dollar (\$35.00) **Registration Fee** (Make check payable to Village Of Perry).
2. Twenty Five Thousand Dollar (\$25,000.00) Surety Bond obtained from Insurance Company. NOTE: **BOND FORMS MUST COME FROM INSURANCE CO.** (Section 1351.05)
3. **Certificate of Insurance** (Village of Perry named as additional insured.) **Bodily Injury** in at least the amount of Five Hundred Thousand and XX/100 Dollars / One Million and XX100 Dollars (\$500,000.00/\$1,000,000.00: **Property Damage** in at least the amount of Two Hundred Fifty Thousand and XX/100 Dollars (\$250,000.00) (Section 1351.06) **FAX COPIES NOT ACCEPTED.**
4. **Responsible for Keeping Streets Cleaned.** Owner, developer, builder, or contractor who proposes to excavate or build upon any land zoned residential within the Village shall keep the streets clean. **Ordinance No. 8-2004 Section 1 amended Section 1351.12 and Section 2 amended Section 1351.99 Penalty.**
5. Attached SIGNED/FILLED OUT Application.
6. Attached SIGNED/FILLED OUT Business Registration.
7. Self-addressed, stamped envelope.
8. Have an estimated aggregate cost of Ten Thousand and No/100 Dollars or more.

Please note: ELECTRIC, PLUMBING and HVAC Contractors – A copy of current State, County or City where you hold a current license, must accompany application.

**If any of the above is missing, all paperwork WILL BE RETURNED.
Registration expires on the last day of the current year.**

**PLEASE NOTE: ALL CONTRACTORS WHO REGISTER
AFTER 10/31 OF THE CURRENT YEAR WILL BE REGISTERED
FOR THE FOLLOWING YEAR ALSO.**

Village Of Perry

CONTRACTOR / SUBCONTRACTOR APPLICATION

DATE: _____

BUSINESS NAME: _____ PHONE NO. (____) _____

BUSINESS ADDRESS: _____

APPLICANT'S NAME: _____ PHONE NO. (____) _____

HOME ADDRESS: _____

FEDERAL I.D. NO.: _____ or SOCIAL SECURITY NO. _____

FISCAL YEAR END: _____

The following are Officers, Members, Partners or Interest Holders in the above named entity.

_____ Title: _____

_____ Title: _____

I hereby make application to register as a _____
contractor within the Village of Perry, Ohio.

List names of municipalities in which you currently hold a license:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Has your license or registration in any Township, Municipality, County or State ever been suspended or revoked? _____

If YES, give date and locality: _____

List 3 references (name, occupation)

1. _____
2. _____
3. _____

Comments: _____

SIGNATURE OF APPLICANT - Position, Title or Office

CONTRACTOR'S OBLIGATION TO THE VILLAGE OF PERRY INCOME TAX

To: All general and subcontractors doing work in the Village of Perry thereby effected by the Village of Perry income tax ordinance.

Dear Taxpayer:

All persons living, working or providing a service within the Village of Perry is required to file a municipal income tax form on a yearly basis.

Taxes are levied on the net profits earned by all persons (companies and individuals) for sales made, work done or services performed or rendered within the Village of Perry. In addition, every employer within or doing business within the Village of Perry is required to withhold the 1% tax from gross wages paid. This would include salaries, commissions and other compensation paid to employees. Withholding is due quarterly except when withheld taxes exceed \$100.00 per month, then payments are required monthly.

Chapter 1351- Licensing and Registering Contractors of the Village of Perry Codified Ordinances state that all contractors must make application and receive a Contractor Registration Certificate to perform work and provide services within the Village of Perry.

For your convenience we have enclosed copies of the contractor registration / application forms to be filled out. Please return these as instructed on the registration instruction sheet.

All General Contractors retaining services of sub contract labor are required to complete federal form 1099. Copies are provided to the sub contractor, the Internal revenue Service and the Village of Perry.

Having received the Registration certificate, you are subject to the tax and provisions of the Village of Perry Income Tax Ordinance for any work done in the Village of Perry.

If you have any questions regarding the tax or desire further information on your obligations under the Village Income Tax Ordinance, please call the tax administrator or assistant tax administrator at 440-259-2671.

NOTE: ALL GENERAL CONTRACTORS MUST PROVIDE THE VILLAGE OF PERRY WITH A LIST OF ALL SUBCONTRACTORS.

Respectfully Submitted,

Linda Hofer
Tax Administrator

Village of Perry
BUSINESS REGISTRATION
(All information is confidential.)
DIVISION OF TAXATION

Company Name / Individual Name: _____

Federal Identification Number or Social Security Number: _____

DBA: _____

Local Business Address: _____

Local Phone Number: _____ Fax: _____

Corporate Business Address: _____

Corporate Business Phone Number: _____ Fax: _____

Accounting Period, Calendar Year: _____ Fiscal Year Ending: _____

Will you be withholding more than \$100.00 per month in city taxes: Yes No

Does your company own the premises? Yes No

If no, please provide us with the name and address of the owner/lessor: _____

Type of Business:

Sole Proprietor Partnership Corporation S Corp. LLC Other _____

Date business/work started in Village of Perry: _____

Nature of Business: _____

Average number of employees: _____

Person responsible for payroll records: _____

Address: _____

Phone number: _____ Fax: _____

Do you now withhold Municipal Income Tax from employees? Yes No

Have you files Municipal Income Tax Returns for this business? Yes No

Under what name? _____

Person supplying information for this form: _____

Signature: _____

Date: _____

Office Use Only	
Date Issued	_____
Date Entered	_____
Batch Number	_____

CONTRACTORS

1. GENERAL/BUILDER

NAME _____

ADDRESS _____

PHONE _____ FAX _____

2. ASPHALT/PAVING

NAME _____

ADDRESS _____

PHONE _____ FAX _____

3. CARPENTRY

NAME _____

ADDRESS _____

PHONE _____ FAX _____

4. CONCRETE FINISH

NAME _____

ADDRESS _____

PHONE _____ FAX _____

5. DRYWALL

NAME _____

ADDRESS _____

PHONE _____ FAX _____

6. ELECTRICAL

NAME _____

ADDRESS _____

PHONE _____ FAX _____

7. EXCAVATION

NAME _____

ADDRESS _____

PHONE _____ FAX _____

8. STRUCTURAL STEEL

NAME _____

ADDRESS _____

PHONE _____ FAX _____

9. SIDING

NAME _____

ADDRESS _____

PHONE _____ FAX _____

10. HVAC

NAME _____

ADDRESS _____

PHONE _____ FAX _____

11. INSULATION

NAME _____

ADDRESS _____

PHONE _____ FAX _____

12. LANDSCAPING

NAME _____

ADDRESS _____

PHONE _____ FAX _____

13. MASONRY/FOUNDATION

NAME _____

ADDRESS _____

PHONE _____ FAX _____

14. PLUMBING

NAME _____

ADDRESS _____

PHONE _____ FAX _____

15. ROOFING

NAME _____

ADDRESS _____

PHONE _____ FAX _____

16. OTHER

NAME _____

ADDRESS _____

PHONE _____ FAX _____