

CITY OF MANSFIELD

Mansfield Bureau of Building Inspections, Licenses and Permits
30 N. Diamond Street, Mansfield, OH 44902 PH (419-755-9688) Fax(419)755-9453

BUREAU OF BUILDING AND CODES DEPARTMENT CONTRACTOR REGISTRATION CHECKLIST

- **COPY OF CERTIFICATE OF LIABILITY INSURANCE.**
NOT LESS THAN:
\$100,000 per person.
\$300,000 per occurrence for bodily injury
\$50,000 per accident for property damage
- **PROOF OF COMPLIANCE WITH THE STATE OF OHIO WORKERS COMPENSATION LAWS.**
Note: If there are no other employees, a *signed and notarized* Sole Proprietor form (see attached) must be submitted in lieu of the Workers Compensation certificate.
- **MANSFIELD INCOME TAX DIVISION QUESTIONNAIRE. **New Registrations only.***
Must be completed and submitted at time of application. (A social security number can be used along with a copy of driver's license if the business does not have a Federal Tax ID).
- **COPIES OF ALL LICENSES ISSUED PURSUANT TO OHIO REVISED CODE CHAPTER 4740 BY THE OHIO CONSTRUCTION INDUSTRY EXAMINING BOARD, AND CERTIFICATE ISSUED PURSUANT TO OHIO REVISED CODE 3737.65 BY THE FIRE MARSHALL.**
- **REGISTRATION FEES \$100.00 NEW OR \$75.00 RENEWAL (cash or check)**
Make checks payable to the City of Mansfield.
- **PLEASE NOTE: REGISTRATION IS VALID FROM JANUARY 1 THROUGH DECEMBER 31 OF EACH CALENDAR YEAR AND MUST BE RENEWED YEARLY**

PLEASE BE ADVISED: ALL SUB CONTRACTORS & 1099 CONTRACTORS MUST BE ON EMPLOYER PAYROLL OR BE REGISTERED AS A LICENSE CONTRACTOR THEMSELVES.

**ALL INFORMATION MUST BE CURRENT IN LICENSEE FILES AT ALL TIMES.*

City of Mansfield
Income Tax Division
P.O. Box 577
Mansfield, OH 44901
Phone: 419-755-9711 Fax: 419-755-9751
www.ci.mansfield.oh.us

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

For the purpose of our records, with regard to Mansfield Income Tax, please complete and return this Questionnaire promptly.

1. Local name and address as used for business purposes:

Trade Name: _____

2. Location in Mansfield or Work Site: _____

3. Type of work to be performed: _____

4. Date started in Mansfield: _____

5. Expected duration of work: _____

6. Federal I.D. or Social Security #: _____

7. Accounting period used for Federal Income Tax purposes:

(Check applicable box-if fiscal write in date) _____ Calendar Year Ending December 31
_____ Fiscal Year Ending _____

8. Do you now employ one or more persons in Mansfield? _____ Yes _____ No

Date Employees started in Mansfield: _____

9. Do you expect to have employees in the future? _____ Yes _____ No

When? _____

10. Projected Monthly Withholding Tax: _____

11. Does your company voluntarily withhold tax for Mansfield residents not employed inside the City of Mansfield? (If yes, only complete the front of the form) _____ Yes _____ No

12. Company Phone: _____ Fax: _____

Send Business Net Profit Return:

Send Withholding Tax Form:

Name: _____

Name: _____

Contact Person: _____

Contact Person: _____

Street Address: _____

Street Address: _____

City: _____ State _____ Zip _____

City: _____ State _____ Zip _____

Email: _____

Email: _____

13. Projected Yearly Revenue: _____ Less Than \$500,000 Annual Revenue
_____ More Than \$500,000 Annual Revenue

14. Type of Ownership (check which):

_____ Non-Profit Corporation _____ Individual Proprietorship (Complete 15a)
_____ Corporation (Complete 15b) _____ Partnership (Complete 15C)

15. Owner's Name and Address

a. If Individual Proprietorship, give owner's name, social security number, and address:

Name: _____

Social Security Number: _____

Street Address: _____

City: _____ State _____ Zip _____

b. If corporate subsidiary, give name and address of parent company main office:

Name: _____

Federal ID Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Will you be filing a consolidated return: _____ Yes _____ No

c. If partnership, association, or other incorporated joint business venture, list names and addresses of partners, association, or members

Name	SS# or Fed ID#	Street Address	City	State	Zip
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Note: Throughout this questionnaire, wherever listings are required-attach a separate list if sufficient spaces have not been provided.

16. With reference to real estate properties located within the City of Mansfield:

Does the business occupy, as a tenant, real estate property in Mansfield rented from others? _____ Yes _____ No

If so, to whom is rent paid: (Give owner, if known, otherwise his agent)

Name	SS# or Fed ID#	Street Address	City	State	Zip
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_____	_____	_____	_____	_____	_____
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17. Do you operate any other business within the City of Mansfield? _____ Yes _____ No

Note: Other business includes rental properties rented to others

If you do, list those located within the City:

So that further correspondence will not be necessary, we ask your cooperation in filing this form promptly. THANK YOU



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Date: _____

To Whom it May Concern:

I, _____, currently have no employees. If in the future there would be a need to hire and employee, I would notify Worker's Compensation immediately.

I have not had any employees since I have been in business.

Sincerely,

Notary: _____

Date: _____

My commission Expires: _____