



**CONTRACTOR REGISTRATION  
REQUIREMENTS  
CITY OF EUCLID  
585 East 222<sup>nd</sup> St.  
Euclid, OH 44123**

Annual registration is required for the following:

***Electrical    Plumbing    HVAC/Refrigeration    General Contractor    Fire Suppression***

To become a registered contractor with The City of Euclid you will need the following:

Attached Completed Application Packet  
\$135 Annual Registration Fee  
Certificate of Insurance \*

**Special Notes:**

**Electrical Contractors**

*If you are registering as an electrical contractor, you'll need a copy of your current State of Ohio Electrical Certificate.*

**Plumbing Contractors**

*If you are registering as a plumbing contractor, you'll need a copy of your current State of Ohio's Plumber's License.*

**HVAC/Refrigeration Contractors**

*If you are registering as an HVAC/Refrigeration contractor, you'll need a copy of your current State of Ohio HVAC & Refrigeration License.*

**Fire Suppression**

*If you are registering for a sprinkler system or storage tank installation/removal, you'll need a copy of your current State of Ohio Fire Marshall Certificate.*

**General Contractors**

*If you are registering as a general contractor who will be doing demolitions, the City of Euclid requires that your Certificate of Insurance has an endorsement that you have obtained coverage for collapse hazard and/or structural property damage. Check with your insurance agent as your coverage may not be sufficient.*

**\* Certificates of Insurance must have \$100,000 Bodily Injury per person, \$300,000 Bodily Injury per occurrence, \$50,000 Property Damage. The City of Euclid must be named as additionally insured.**

For quickest service, please email and submit to [buildingandhousing@cityofeuclid.gov](mailto:buildingandhousing@cityofeuclid.gov).



**CITY OF EUCLID  
APPLICATION FOR REGISTRATION**

City of Euclid,  
585 E. 222nd St.

Euclid, OH 44123

For submission and quickest service, email  
[buildingandhousing@cityofeuclid.gov](mailto:buildingandhousing@cityofeuclid.gov)

Date of Application \_\_\_\_\_

Fee: \$135.00

Registered as a \_\_\_\_\_ Contractor in the City of Euclid

**TO THE COMMISSIONER OF BUILDINGS:**

**Sir: We do hereby make application for a certificate of registration for work contracting work to be done within the corporate limits of the City of Euclid, in accordance with the requirements of the codified Ordinances of the City of Euclid.**

**Please put a checkmark by each type of registration you are applying for. If registering for more than one trade, you will pay a registration for each.**

- |  |  |
|--|--|
| <input type="checkbox"/> General Contractor    | <input type="checkbox"/> Plumbing Contractor         |
| <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> HVAC Contractor             |
| <input type="checkbox"/> Fire Alarm Contractor | <input type="checkbox"/> Fire Suppression Contractor |

**Applicant Information**

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Applicant. Phone #:

Applicant. FAX #

Fed Tax ID: \_\_\_\_\_ Or Social Security # \_\_\_\_\_

**Company Information**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Bus. Phone #: \_\_\_\_\_ Bus. FAX # \_\_\_\_\_

Email Address: \_\_\_\_\_ WEB Address \_\_\_\_\_

Have you ever registered under a different company name? ☐ YES ☐ NO

If yes, please list all previous company names

Represent that the following are officers of said company (furnish names, title and address) Please use reverse side for additional names.

Name & Title

Address

City, State, Zip

Phone #

List of people authorized to obtain permits

Name & Title

Address

City, State, Zip

Phone #

Please include state construction trades license information including type of license, license # and license expiration date.

State License Type

State License #

State License Expiration Date

List other cities presently registered in: (for reference)

We do hereby certify that we have read the provisions of the Codified Ordinances of the City of Euclid, that we are fully aware of the requirements of the same, and that in the event that we are required to sublet work that we agree to engage only registered contractors, and that any presentation of data or facts will be cause for refusal of Certificate of Registration or revocation of Certificate when issued, and that we shall abide by all rules and regulations required.

\_\_\_\_\_  
Signature of Applicant

**MISREPRESENTATION OF STATEMENT OR FACT MAY BE CAUSE  
FOR REVOCATION OR SUSPENSION OF CERTIFICATE**



Income Tax Department  
585 East 222 St.  
Euclid, OH 44123  
(216) 289-8360  
[www.cityofeuclid.gov](http://www.cityofeuclid.gov)

To Whom It May Concern,

The City of Euclid requires all businesses with employees to withhold the 2.85% city income tax from their wages. Also, you will be required to file a Net Profit return showing the profit made within the City of Euclid.

If you are a General Contractor and are using Sub Contractors, please submit a list. The list should include the name of the business, address, FID# and amount paid for the contract.

Please complete the enclosed "WITHHOLDING AND BUSINESS REGISTRATION" form and return by either mail or fax to 216-289-2788.

Sincerely,

*Nick Caplick*  
Income Tax Administrator  
216-289-8360



Income Tax Department  
585 East 222 St.  
Euclid, OH 44123  
(216) 289-8360  
www.cityofeuclid.gov

### WITHHOLDING AND BUSINESS REGISTRATION

Name or Corporate Name: \_\_\_\_\_

Business or Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Anticipated Start Date on Project: \_\_\_\_\_

Job Site within City: \_\_\_\_\_

\*\*\*\*\*

#### Check Business Type

Sole Proprietor*	_____	Corporation	_____
Partnership	_____	Limited Liability Co.	_____
S-Corporation	_____	Non-Profit Corp.	_____
Estate or Trust	_____	Governmental	_____
Financial Org.	_____	Union	_____

\* If Sole Proprietor, you must also complete an individual registration form

\*\*\*\*\*

Will you be withholding employment taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the amount be more than \$100.00 per month? Yes \_\_\_\_\_ No \_\_\_\_\_

First Payroll Date: \_\_\_\_\_

Will you be withholding residence taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

Fiscal Period ending month: \_\_\_\_\_

Name of person responsible for filing forms:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_