



**CONTRACTOR REGISTRATION REQUIREMENTS
CITY OF EUCLID
585 East 222nd St
Euclid, OH 44123-2099
PHONE (216) 289-2700 x3904/X3907 FAX (216) 289-8184**

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.**

When registering by mail, please enclose a SASE for return of your registration.

The City of Euclid accepts check, Visa, Mastercard, Discover, American Express or a Money Order.

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.

<u>Name & Title</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Phone #</u>
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List of people authorized to obtain permits

<u>Name & Title</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Phone #</u>
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Please include state construction trades license information including type of license, license # and license expiration date.

<u>State License Type</u>	<u>State License #</u>	<u>State License Expiration Date</u>
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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) 289-2700
www.cityofeuclid.com

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 mail, or fax to 216-289-2764.

Sincerely,

Nick Caplick
Income Tax Administrator
216-289-8360



Income Tax Department
585 East 222 St.
Euclid, OH 44123
(216) 289-2700
www.cityofeuclid.com

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: _____