



**CITY OF MASSILLON BUILDING DEPARTMENT  
MUNICIPAL GOVERNMENT CENTER  
ONE JAMES DUNCAN PLAZA, MASSILLON, OH 44646  
PHONE: (330) 830-1724 \* FAX: (330) 830-1782**

**APPLICATION FOR CONTRACTOR REGISTRATION**

**RESIDENTIAL & COMMERCIAL WORK**

- Electrical Contractor
- Heating Contractor
- Home Improvement Contractor
- Plumbing Contractor
- Demolition Contractor

**COMMERCIAL WORK ONLY**

- Fire Suppression Contractor
- General Contractor
- Low Voltage Contractor
- Sign Contractor

1. Owner of Company First & Last Name \_\_\_\_\_

2. Company Name \_\_\_\_\_

3. Permanent Address \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

3. Home Phone \_\_\_\_\_ U. S. Citizen?  Yes  No

4. Date of Birth \_\_\_\_\_ FED I.D. # OR SS# \_\_\_\_\_

5. State of Ohio License?  Yes  No

6. State License Number \_\_\_\_\_ Expires \_\_\_\_\_

6. Business Name \_\_\_\_\_

7. Business Address \_\_\_\_\_

8. Business City, State & Zip \_\_\_\_\_

9. Business Phone \_\_\_\_\_

10. Email Address \_\_\_\_\_

It is agreed that the applicant will conform with all rules, regulations and ordinances of the City of Massillon, Ohio, and that the allegations, representations and statements made in this application are true; and the applicant acknowledges that any falsification made on this form will void the application.

\_\_\_\_\_ Date Signed: \_\_\_\_\_, 20\_\_\_\_

Signature of Applicant  
**FEES ARE NOT REFUNDABLE**

**ALL REGISTRATIONS OR RENEWALS OF SAME SHALL EXPIRE AS STATED IN THE MASSILLON CITY ORDINANCES.**

CITY OF MASSILLON  
INCOME TAX DEPARTMENT  
ONE JAMES DUNCAN PLAZA  
PO BOX 910  
MASSILLON, OHIO 44648-0910  
Phone (330) 830-1709  
Fax (330) 830-2687

**BUSINESS AND PROFESSIONAL QUESTIONNAIRE**

Please complete this questionnaire and return it to the Income Tax Department or mail to PO Box 910, Massillon, Ohio 44648-0910. Information provided will be used exclusively for income tax purposes and will not be further disclosed.

\* 1. Name and Address of the business:

Name \_\_\_\_\_ DBA \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip +4 \_\_\_\_\_

City of Massillon Location Address (if applicable) \_\_\_\_\_

\*2. Federal Employer ID or Social Security No: \_\_\_\_\_

3. Nature of business conducted: \_\_\_\_\_

4. Accounting method (check one):  Calendar Year ending December 31.  Fiscal Year ending \_\_\_\_\_

5. Do you now employ one or more persons? \_\_\_\_\_ If yes, how many? \_\_\_\_\_ If no, do you expect to have employees in the future? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

6. Date that your business began operating within the City of Massillon \_\_\_\_\_ or started withholding \_\_\_\_\_

7. Type of ownership: Proprietorship  S Corp  C Corp  Partnership  Non-Profit Corp  Other  Specify \_\_\_\_\_

8. If the business is located outside of the City of Massillon, are you withholding income taxes as a courtesy for your employees?  Yes  No Date withholding started \_\_\_\_\_

9. Address to which tax forms, notifications and official correspondence are to be mailed:\*

Business Name \_\_\_\_\_ To the attn. of \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip +4 \_\_\_\_\_

Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax Number (\_\_\_\_)\_\_\_\_-\_\_\_\_

10. Check here  if the business authorizes the City of Massillon Income Tax Department to contact directly the party in charge of the business's tax accounting.

11. Party in charge of tax accounting \_\_\_\_\_ Contact phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

12. Please indicate below your preference for payroll forms:

\_\_\_\_ Withholding forms are needed, we prepare our own payroll.

Check one: \_\_\_\_ Please fax to: \_\_\_\_\_ or \_\_\_\_ Mail to above address\*

\_\_\_\_ Withholding forms are not needed, we use a payroll service. Name of payroll service \_\_\_\_\_

Signature of individual completing form \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

\*The Municipality's Building & Engineering Departments shall not issue any license or permit to any person, firm, partnership, association, corporation or other entity that does not possess a valid Certificate of Tax Registration in accordance with ORD 181.23.

\*\*\* IF YOU ARE A CONTRACTOR - PLEASE COMPLETE THE BACK SIDE OF THIS FORM \*\*\*