

# MASSILLON BUILDING DEPARTMENT ONE JAMES DUNCAN PLAZA, MASSILLON, OH 44646 PHONE 330.830.1724 | FAX 330.830.1782

www.massillonohio.gov

#### Dear Applicant,

In answer to your inquiry, the City of Massillon requires all Heating Contractors to be registered with the City of Massillon. To become registered as a Heating Contractor, you will need to submit the following items:

- 1. Heating Contractor's Application completed in its entirety.
- 2. Copy of your driver's license or state identification card.
- 3. Heating Contractor's \$10,000.00 Surety Bond.

  We have our own bond forms and we must receive the original signed and sealed/stamped bond form.
- 4. Copy of your State of Ohio HVAC Contractor's License.
- 5. Copy of your Worker's Compensation certificate, should you have employees.
- 6. Certificate of Liability Insurance in the amount \$1,000,000 with the City of Massillon listed as the Certificate Holder.
- 7. The total amount needed to register the first time is \$225.00. (This includes a \$75.00 application fee and a \$150.00 registration fee.)

Yearly registration is from March  $1^{st}$  of each calendar year through February  $28^{th}$  of the following calendar year. It does not matter what time of the year the registration is obtained, it will expire on the following February  $28^{th}$ . The cost is not pro-rated.

The registration belongs to the person who is listed on the application. If he/she leaves the company, the registration goes with him/her.

Permits are to be obtained before starting the job and it is your responsibility to call for all needed inspections.

It is your responsibility to renew your registration each year. We do not send out renewal notices. If your registration is not renewed by the end of the grace period, it becomes null and void, and this whole procedure must be repeated.

Should you have any questions concerning this matter, please feel free to call our office.



# 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

<b>RESIDENTIAL &amp; COMMERCIAL WOR</b>	K COMMERCI.	AL WORK ONLY		
( ) Electrical Contractor	( ) Fire Sup	pression Contractor		
( ) Heating Contractor	( ) General	Contractor		
( ) Home Improvement Contrac		tage Contractor		
( ) Plumbing Contractor	( ) Sign Co			
( ) Demolition Contractor				
	<u></u>			
1. Owner of Company First & Last Nan	ne			
2. Company Name				
3. Permanent Address				
City	State	Zip		
		•		
3. Home Phone	U. S. Citizen?	() res () 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 confort the City of Massillon, Ohio, and that the application are true; and the applicant ac void the application.	allegations, representations and	statements made in this		
	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, OHIO

## **HEATING CONTRACTOR'S BOND**

as principal, and
as surety, are held and firmly bound unto the City of Massillon or to any of its officers, for the use of any person, persons, firm or corporation with whom such principal shall contract to do heating work, in accordance with the provisions and requirements of the Heating Code of the City of Massillon, in the penal sum of Ten Thousand Dollars (\$10,000.00), lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.
Sealed with our seals and dated this
THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, that whereas the above bonden,, has made application to the Commissioner of Building for a Certificate of Registration as a Heating Contractor to engage in the business of Heating Contracting in Massillon during the year beginning and ending February 28,
NOW THEREFORE, if the said shall well and truly indemnify, keep and save harmless the City of Massillon, or any of its agents or officials for the use of any person, persons, firm or corporation with whom such contractor shall contract to do work, and shall indemnify and pay any such person, firm or corporation for damage sustained on account of the failure of such contractor to perform the work so contracted for in accordance with the provisions of the Heating Code of Massillon, and any and all lawful rules and regulations promulgated under the authority thereof, including Ordinance No. 1321, and from or by reason or on account of anything done under and by virtue or any permits issued under such registration for the doing of any work required to be done in the contracting of buildings or other structures or any part of parts thereof, then this obligation shall be null and void; otherwise to remain in full force and effect.
APPROVED:
Insurance Surety Signature
Date
Owner of Company Signature
Date

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 1.	Name and Address of the business:				
	Name				
	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 endir	ng December 31. [] Fiscal Year ending			
5	. Do you now employ one or more persons?if ye the future? if yes, how many?	es, how many? If no, do you expect to have employees in			
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.	9. Address to which tax forms, notifications and official correspondence are to be mailed:*				
	Business Name To the attn. of				
	AddressCity/State/Zip +4				
	Phone Number ()Fax Num	ıber (			
10	<ol> <li>Check here [] if the business authorizes the City of Ma of the business's tax accounting.</li> </ol>	assillon Income Tax Department to contact directly the party in charge			
11	. Party in charge of tax accounting	Contact phone number ()			
	Address	City/State/Zip			
12	2. Please indicate below your preference for payroll form	ns:			
	Withholding forms are needed, we prepare our ow Check one: Please fax to:	n payroll or Mail to above address*			
	Withholding forms are not needed, we use a payro	oll service. Name of payroll service			
		Title			
Pr	inted Name	Date			

<sup>\*</sup>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.

#### Codified Ordinances of the City of Massillon, Ohio, Section 181.23 REGISTRATION OF CONTRACTORS

- (A) No person, firm, partnership, association, corporation or other entity shall perform any construction work within the City of Massillon without first obtaining a tax account number and a Certificate of Tax Registration from the City of Massillon Income Tax Department.
- (B) A Certificate of Tax Registration shall be denied to any person, firm, partnership, association, corporation or other entity who is not current in the filing of required tax documents; who is not current in the required payment of taxes; or who has not complied with the provisions of this Chapter.
- (C) The Income Tax Department shall maintain a list, and provide quarterly updated list to the City of Massillon Building and Engineering Departments, of the persons, firms, partnerships, associations, corporations and other entities holding valid Certificates of Tax Registration.
- (D) The Municipality's Building and Engineering Departments shall not issue any license or permit required by Sections 913.01, 917.02, 917.13, 925.12, 925.13, 1301.1, 1311.03, 1313.06, 1313.07, 1313.15, 1317.06, 1317.07, 1317.18, 1321.04, 1321.08, 1341.02 and 1341.05 of the Codified Ordinances of the City of Massillon to any person, firm, partnership, association, corporation or other entity that does not posses a valid Certificate of Tax Registration.
- (E) Failure to posses a valid Certificate of Tax Registration shall be cause for suspension of work by the Building Department, Engineering Department and/or the Income Tax Department prior to the construction work commencing and/or during the performance of the construction work. Proof of a valid Certificate of Tax Registration shall be necessary to commence or resume suspended construction work.
- (F) A Certificate of Tax Registration may be canceled or revoked by the Income Tax Department for the failure of a person, firm, partnership, association, corporation or other entity to remain current in the required filing of tax documents; for failing to remain current on the required payment of taxes; and for failure to comply with the provisions of this Chapter.
- (G) The word "construction" as used in this section shall mean any construction, reconstruction, rehabilitation, remodeling, improvement, enlargement, alteration, repair, painting, decorating, or landscaping performed within the limits of the City. (Ord.159-2015. Passed 11-16-15)

#### \*\*\* IF YOU ARE USING SUB-CONTRACTORS YOU MUST LIST THEM BELOW\*\*\*

1. Na	me	_ Fed ID or SSN	Phone # ()
	Address		
2. Na	me	Fed ID or SSN	Phone # ()
	Address		
3. Na	me	Fed ID or SSN	Phone # ()
	Address		
4. Na	me	Fed ID or SSN	Phone # ()
	Address		AND THE RESERVE AND THE PARTY OF THE PARTY O
5. Na	me	Fed ID or SSN	Phone # ()
	Address		Automotion (Clark Control Cont
6. Na	ame	Fed ID or SSN	Phone # ()
	Address		
7. Na	ame	Fed ID or SSN	Phone # ()
	Address		DECEMBER 18 18 18 18 18 18 18 18 18 18 18 18 18
of any I cer	additional or substituted sub-c	ontractors that may be used.  of the ordinance that pertains to the RE	sheet(s). Please notify the Income Tax Department EGISTRATION OF CONTRACTORS and will t I have disclosed all sub-contractors that will be
	during construction.	¥	
Sigr	nature	Date	