



**MASSILLON BUILDING DEPARTMENT**  
**ONE JAMES DUNCAN PLAZA, MASSILLON, OH 44646**  
**PHONE 330.830.1724 | FAX 330.830.1782**  
**[www.massillonohio.gov](http://www.massillonohio.gov)**

Dear Applicant,

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

1. Plumbing Contractor's Application completed in its entirety.
2. Copy of your driver's license or state identification card.
3. Plumbing 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 Plumbing 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<sup>st</sup> of each calendar year through February 28<sup>th</sup> 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<sup>th</sup>. 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**

**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, OHIO**

**PLUMBING CONTRACTOR'S BOND**

**KNOW ALL MEN BY THESE PRESENTS**, that \_\_\_\_\_  
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 plumbing work, in accordance with the provisions and requirements of the Plumbing  
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  
Plumbing Contractor to engage in the business of Plumbing 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 Plumbing Code of Massillon, and  
any and all lawful rules and regulations promulgated under the authority thereof, including  
Ordinance No. 1317, 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. 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 \*\*\*

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 possess a valid Certificate of Tax Registration.

(E) Failure to possess 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. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

4. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

5. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

6. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

7. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

If more than seven sub-contractors are to be used, please attach additional sheet(s). Please notify the Income Tax Department of any additional or substituted sub-contractors that may be used.

I certify that I have read the section of the ordinance that pertains to the REGISTRATION OF CONTRACTORS and will lawfully comply with the ordinance of the City of Massillon. I also certify that I have disclosed all sub-contractors that will be used during construction.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_