

VILLAGE OF SOUTH RUSSELL
5205 Chillicothe Road South Russell, OH 44022
(440)338-6700 FAX:(440)338-1606

REGISTRATION APPLICATION

#R: _____

Company Name

Principle's Name

Street Address

City

State

Zip

and/or

Federal I.D.#

Social Security #

Business #

Fax #

APPLICATION FOR:

General Contractor

HVAC

Electrician

Structural Steel

Rough Carpenter

Excavator/Trencher

Mason/Brick Layer

Cement Finisher

Septic Pumper/Inspector

Plumber

NOTE:

IF you contract with the
homeowner direct
register as a General.

1. _____ 2. _____

List other valid registrations or licenses.

List names, address & telephone numbers of 3 customers you have performed similar work for:

1) _____ 2) _____ 3) _____

Insurance Agency:

Insurance Company:

Name: _____ Name: _____

Address: _____ Coverage: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature of Principle (Must be notarized)

STATE OF OHIO COUNTY OF _____ ss:

_____ affirms that the statements made in the foregoing
affidavit are true, under penalty or perjury. Subscribed and affirmed to before me this _____ day of
_____, 20__.

NOTARY:

All registrations/licenses expire December 31.

WITHHOLDING AND BUSINESS REGISTRATION

FEDERAL IDENTIFICATION NO. _____

NAME OR CORPORATE NAME _____

BUSINESS OR TRADE NAME _____

STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

=====

- CHECK ONE -
- SOLE PROPRIETORSHIP _____
 - PARTNERSHIP _____
 - CORPORATION _____
 - NON - PROFIT CORP. _____
 - ESTATE OR TRUST _____
 - GOVERNMENTAL _____
 - UNION _____

WILL YOU BE WITHHOLDING MORE THAN

\$100.00 PER MONTH IN CITY TAXES? _____ YES _____ NO

NUMBER OF EMPLOYEES _____

TYPE OF BUSINESS (MFG. COMMERCIAL ETC.) _____

DATE BUSINESS STARTED _____

FISCAL PERIOD ENDING MONTH. _____

NAME OF PERSON RESPONSIBLE FOR FILING FORMS _____

_____ TITLE _____

TELEPHONE NUMBER _____(_____) _____

SIGNATURE _____ DATE _____