

CITY OF AMHERST - BUILDING DEPARTMENT

480 Park Avenue, Amherst, OH 44001

Phone: 440-988-3734 Fax: 988-3764

Application for Contractor's License

Application is hereby made for a license to engage, as a _____ Contractor, in the construction, alteration, removal and/or demolition of buildings and structures, as a business for profit in the City of Amherst, for the year _____ or part of said year now remaining, under the provisions of the Building Code for the City of Amherst, (Ordinance No. B-726) Regulations of the Division of Buildings.

Business Name: _____ Fed ID or SSN: _____

DBA: _____ Fiscal Yr End: _____

Owner/President: _____ Type of Ownership:

Address: _____ Individual Partnership

_____ Corporation LLC

Contact Name: _____

Phone #: (____) _____ E-mail: _____

Number of Employees working within city limits: _____

Type of Job: Continuous Temporary: Job Start Date _____ Approx End Date _____

Job Site: _____

- Requirements:**
1. **Liability Insurance (\$100,000 minimum), City as insured**
 2. **Copy of current State of Ohio Certification for Plumbing, HVAC, General,**
 3. **Electrical Contractors and others required for industrial work.**
 4. **New "Generals" must have a current registration from a major city.**

Fees: Contractor, \$100, plus insurance

Payroll Withholding and Net Profit Tax Information

Each employer doing business within the city limits is required to deduct the tax of **1.5%** from the gross wages of their employees. This amount must be remitted on a monthly or quarterly basis to: **Amherst Income Tax Department, 480 Park Ave., Amherst, OH 44001**. A net profit return must also be filed with the tax department. Forms for withholding and net profit will be sent to your business at your address above. If you wish to have them mailed to a different address or you use a payroll service for withholding, please notify the tax office at (440) 988-4212.

The above statements are hereby certified to be correct.

___ Annual fee in the amount of \$ _____ is deposited herewith

___ Certificate of Insurance indicating \$100,000.00 liability is deposited herewith.

New Application _____ Renewal of License No. _____

Signed: _____

Date: _____