

VILLAGE OF MONROEVILLE
PO BOX 156
MONROEVILLE, OH 44847

Dear Contractor:

Please be informed that all contractors, sub-contractors, firms, corporations or persons performing work in the Village of Monroeville are required by Ordinance to register with the Village and provide copies of their insurance policies to the Village's Administrative Offices prior to commencing any work. In addition, all required permits must be obtained and fees paid prior to commencing work.

The contractor registration fee is \$25.00 for first time contractors, or \$10.00 for contractors who have registered in the immediate prior year, effective January 1st of each year. The **minimum** required amount of the contractor's liability insurance shall be **\$500,000.00**. The Village of Monroeville shall be named as additional insured for any work to be performed on Village owned property. The fee and insurance information shall be submitted to the Monroeville Administrative Offices either by mail or in person. Please enclose a self-addressed stamped envelope when registering by mail and a copy of your accepted registration will be mailed to you. If no stamped return envelope is provided, your registration will be held in the Administrative Offices for pick up by someone from your company.

Contractors working without proper registration will be cited by Ordinance.

Application for contractor's registration certificate as required by Ordinance No 2011-11
Please print all information clearly.

THIS FORM MUST BE FILLED OUT COMPLETELY

Company name _____ FederalID# _____ SSN _____
dba _____ Type of work performed _____
Contact person _____ Do you sub-contract? _____
OfficeAddress _____ City _____ State _____ Zip _____
Office phone () _____ Cell phone () _____ Fax() _____
Evening phone () _____ Home Address _____ State _____ Zip _____
E-mail address _____
Are you registered with other municipalities? _____
Have you ever been refused registration, or had your registration suspended or revoked? Yes _____ No _____
If yes, by whom? _____

I/We agree to abide by all codes, ordinances, laws and regulations of the Village of Monroeville, Huron County, State of Ohio and the United States of America.

Signature _____ Title _____

THANK YOU FOR YOUR COOPERATION.

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Office use only – please do not write below the line

Payment enclosed \$ _____ Check # _____ Check date _____ Date received _____

Receipt # _____ Insurance expiration date _____ Registration No _____

Trade _____

Specific project (if known) _____

VILLAGE OF MONROEVILLE * INCOME TAX DIVISION
P.O. Box 496 * MONROEVILLE, OH 44847
Phone: 419-465-4443 * Fax: 419-465-2259
www.monroevilleohio.com

BUSINESS INCOME TAX
REGISTRATION

Date: _____

Monroeville Account Number: _____

Please complete this income tax questionnaire and return it to our office by the due date stated above. You may mail for fax your completed questionnaire to our office. Forms and additional information may be obtained by visiting our website.

1. Type of Organization: Partnership Corporation S-Corporation Nonprofit LLC
Which Federal Form Do You File: Form 1120 Form 1120S Form 1065 Schedule C
2. Business Name _____
Federal ID # _____ or Social Security # (If Self Employed) _____
3. Nature of Business or Trade _____ Telephone _____
4. Local Business Address _____
5. Mailing Address (If different from above address) _____
6. Email address _____
7. Date activity started in Village of Monroeville ____/____/____ Date activity terminated in Village of Monroeville ____/____/____
Accounting period: Calendar Year _____ or Fiscal Year Ending ____/____/____
8. Do you have employees working in the Village of Monroeville? No Yes
If yes, when did your employee(s) start working in the Village of Monroeville ____/____/____
If no, will you have employees working in the Village of Monroeville in the future No Yes
Date employees will begin working in the Village of Monroeville ____/____/____
9. Approximate number of employees subject to Village of Monroeville Income Tax: _____
10. Are you withholding only as a courtesy to employees who reside in the Village of Monroeville? No Yes
If yes, what date did you first start withholding Village of Monroeville tax? ____/____/____
11. Are you using a payroll company? No Yes; If yes, please provide your payroll processor: _____
12. Do you use Subcontractors? No Yes

Please note: All taxpayers who report payments to individuals (who are not employees) on Form 1099-Misc. for services performed shall also report payments to the Village when the services were performed in Monroeville or when the payments are made to a Monroeville resident.
13. Does your business include any rental activity? No Yes
If yes, please list property addresses and date acquired (on back or separate attachment).
14. If you are a Partnership, S-Corporation or other unincorporated joint venture, list names, addresses and social security or federal I.D. numbers of all partners, associates, or members in venture (attach additional sheets if necessary).

15. If there has been a change of ownership, please give name and address of former owner: _____

Print name: _____ Signature: _____

Title: _____ Phone: _____ Date: ____/____/____