CITY OF LORAIN

Department of Building, Housing & Planning

Richard Klinar
Chief Building Official

Jack W. Bradley
Mayor

TO: ALL CONTRACTORS

If your registration with the City of Lorain has expired more than twelve (12) months, you will need to apply as a new registrant and you must fill out Part I and II of the application.

Renewing applicants and those who hold a State License in Electrical, Plumbing or HVAC, can just fill out Part I of the application.

Submission of required documents still apply to all applicants.

Registration fees are as follows:

New Contractor/ New State Licensed	**Renewing Contractor/ Renewing State Licensed**
Commercial $175.00	Commercial $150.00
Residential $150.00	Residential $125.00
Both $175.00	Both $150.00

The checklist below is provided to assist you in completing your application and submitting documents required to process your application accordingly.

☐ Ensure the application has all the pertinent information required and that it is signed.

☐ Choose type of registration (new or renewal) & type of work (commercial, residential or both).

REQUIRED DOCUMENTS FROM ALL APPLICANTS:

☐ Original notarized bond ($25,000) with an expiration date matching city registration expiration.
(i.e. If you are registering the month of January this year the bond needs to expire January of next year)

☐ Copy of current $1 Million Liability Insurance. No additional insured on the certificate and ensure the Certificate Holder is "City of Lorain-Building Division".

☐ If you hold a valid State License we require a copy of the current license.

ADDITIONAL REQUIREMENTS FOR NEW APPLICANTS ONLY):

☐ List at least five (5) years work experience in the trade you want to become licensed in. The more information you provide about your work experience the faster the application can be approved. (Part II-D)

☐ Attach copies of at least three (3) current contractor registration certificates you hold in other local cities, (Amherst, Avon, Elyria, etc.).

☐ If you do NOT have current contractor registration certificates from other cities, please provide 3 written reference letters in lieu of the licenses. Reference letters must be dated and signed by the references.

Office Address: 200 West Erie Avenue, Lorain, OH 44052
Questions can be directed to: Office Phone: (440) 204-2045 or E-mail: BHP@cityoflorain.org

☐ Approved ☐ Not Approved

_____
Chief Building Official

Date: _____

CONTRACTOR'S REGISTRATION APPLICATION

DIVISION OF BUILDING / ELECTRICAL
200 WEST ERIE AVENUE, 5TH FLOOR
LORAIN, OHIO 44052
(440) 204-2045 FAX (440) 204-2540

Application is hereby made for a contractor's registration. ☐ **New**
As a (**name specific trade**): _____ to perform work as (check one of the following): ☐ **Commercial** ☐ **Residential** ☐ **Both** in the construction, alterations, removal and/or demolition of buildings and structures, as a business for profit in the City of Lorain, under the provisions of the Building/ Electrical Codes for the City of Lorain.

PART I.

FIRST & LAST NAME (**individual who holds registration**)_____

DOING BUSINESS AS (**Name of Company**)_____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE _____RES. PHONE _____CELL PHONE _____

FAX _____E-MAIL ADDRESS: _____

SOCIAL SECURITY # _____AND/OR F.I. # _____

I certify that I am the registration holder for the above Company and the above information I have provided is correct.

_____ _____
Signature (of individual who holds registration only!) **Date**

***** Please ensure all required documents are attached (see page 1) with your application! *****

NOTE: IF YOUR REGISTRATION WITH THE CITY OF LORAIN HAS EXPIRED FOR MORE THAN 12 MONTHS, YOU MUST COMPLETE THE APPLICATION AS A NEW REGISTRANT.

PART II. (For new registration only)

A. Do you hold licenses in other cities? Yes _____ No ___If so, where? _____

_____

B. Give at least 3 references, (including one from a municipal department) to expedite registration process.

1. Inspection Dept. _____ Phone: _____
2. Contractor: _____ Phone: _____
3. Contractor: _____ Phone: _____
4. Personal Reference: _____ Phone: _____

C. Academic related vocational or technical education:
In lieu of experience required, the applicant may qualify with two (2) years of technical training in an accredited school, plus (2) two of practical experience, or hold a degree from an accredited college or university in the business or trade in which he/she applies to be registered. Please submit copies of certifications.

D. Construction and related trades experience:

Please fill out the information below to show at least five **(5) years work experience** in the trade you want to become licensed in.

Please list the types of construction work that you have performed in the last five (5) years. (i.e.: roofing, siding, additions, heating, electrical, etc.) Attach additional pages if needed.

Construction projects & type of work performed	Name of employer, address & phone	Dates, length of time, years and months

I the undersigned certify that the information provided is true and complete to the best of my knowledge and belief. I give permission to check and/or verify any and all information in support of this application. I understand that any willful misstatement of material facts will be grounds for disqualification. I further agree to provide any other documentation needed to verify eligibility.

_____

Signature (of individual who holds registration only!)

Bond No. _____

CONTRACTOR'S BOND
CITY OF LORAIN, OHIO

KNOW ALL MEN BY THESE PRESENTS: THAT I, _____ _____ as principal, and _____ _____ as surety, are firmly bound and held unto the City of Lorain or to any of its officers, for the use of any person, persons, firm or corporation with whom such principal shall contract to construct, alter, repair, add to, subtract from, reconstruct or remodel any building, structure, or appurtenances thereto or any part thereof, in accordance with the provisions and the requirements of the Codified Ordinances of the City of Lorain, in the penal sum of Twenty-Five Thousand Dollars ($25,000), lawful money of the United States, for the payment of which sum well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED WITH OUR SEAL AND DATES _____DAY OF_____20_____.

THE CONDITION of the above obligation is such that, whereas the above bounded principal has made application to the Building Commissioner for a Certificate of Registration as GENERA/SUBCONTRACTOR to engage in the business of constructing, altering, repairing, adding to, subtracting from, reconstruction remodeling or demolition of any buildings structure or appurtenance thereto or any part thereof, as a business for profit in the City of Lorain, Ohio to do any work in connection therewith, usually done by Contractors, under the provision of Ordinance NO. 40-2004 passed on the 5th day of April 2004 and any other Ordinance Resolution relating thereto, and any part of the rules and regulations which may from time to time be established by said Building Code and Building commissioner, during the period BEGINNING _____ and ENDING _____.

NOW, if the said principal shall perform all the things required and prescribed by the Building Code of Lorain, them this obligation shall be null and void, otherwise, the same shall remain the full force and effect, it being expressly understood and agreed that the liability of the surety for any and all claims there under shall in no event exceed the amount of this obligation as herein stated.

IF THE SURETY herein shall so elect, this Bond may be canceled at any time by the Surety, herein, by giving the Principal and to the obligee Thirty (30) days written notice of such cancellation.

_____
Principal

_____
Surety

_____
Attorney in Fact

City of Lorain Income Tax Department
605 W. Fourth St. Lorain Ohio 44052
Phone: (440) 204-1002 Fax: (440) 204-1006
incometax@cityoflorain.org

We welcome you to the City of Lorain and thank you for doing business with us. On behalf of the Lorain Department of Taxation, we wish to make your tax collection and payment as easy as possible.

According to Lorain's Income Tax Ordinance #192.051, all companies doing business in Lorain must register with this office.

- Net profit/loss taxes on the Lorain activity are to be filed and paid at the end of the calendar or fiscal year, whichever is applicable.
- Employee withholding taxes are to be filed and paid quarterly.
- **The City's tax rate is 2.5%.** (prior to 1-1-2013 tax rate was 2%)
- Employee W-2 Forms, 1099 Forms and the Employer Reconciliation of Withholding Form (W-3) are due by January 31st following the year in which the income was earned.
- Business owners using Independent Contractors must supply each with a Federal 1099 Miscellaneous Form (supplemental income)

Enclosed is a Business Registration form which is to be completed and returned to us. Also enclosed is an Employee Withholding Tax Form (W-1) to report the Lorain employees' local income tax.

To avoid any penalties and interest, all returns must be filed when due. Failure to comply with the above is in direct violation of the City of Lorain Income Tax Ordinance #192.23, which is punishable by fine and/or imprisonment.

If you have questions or need assistance in this matter, call or stop by this office Monday through Friday, 8:30am to 4:00pm.

Thank you for your cooperation in this matter.

LORAIN DEPARTMENT OF TAXATION

The information contained in this message is privileged, confidential, and intended for the sole use of the addressee. If you are not the intended recipient or the agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication or its contents is strictly prohibited. If you have received this communication in error, please notify the person listed above immediately and delete the original message and attachments. Data Privacy: For your protection, please remember to mask sensitive data, such as account numbers and tax identification numbers on all emails (e.g. for TIN XX-XXX1234, for account XXXXX5789)

Income Tax office hours: Lobby/Payments/Personal Service: M-F 8:30am to 4:00pm
Office/Phone Calls: M-F 8:30am to 4:30pm

CITY OF LORAIN INCOME TAX DEPARTMENT
605 WEST 4TH STREET, LORAIN OH 44052

RESIDENT BUSINESS REGISTRATION
Lorain City Income Tax Rate 2.5%

Company Name: _____ SSN or Fed ID#_____

DBA or
Trade Name: _____ **Date Started or Acquired in Lorain:** _____

Lorain Address: _____ **Lorain Phone:** _____

_____ **Lorain Fax:** _____

E-mail Address: _____

Address of Main Office: _____ **Phone: ( ) _____**

E-mail Address For_____ **Accounting Period Used:**
Net Profit Accounts: **Calendar Year**_____ **FYE Month**____

E-mail Address For_____ **Number of Persons Employed in Lorain:** _____

Withholding Accounts:

OR: ☐ **Payroll Service**

Type of Ownership: ☐ **Corporation** ☐ **Partnership** ☐ **120S** ☐ **Individual** ☐ **Non-Profit**

Other: _____

Complete The Following Information For All Partners, Officers And/or Associates:

Name: _____ **SSN#:** _____
Address: _____

Name: _____ **SSN#:** _____
Address: _____

If The Lorain Location Is Rented Or Leased, Please Provide Name, Address & Phone Of Rental Owner:

Name: _____ **Phone:** _____

Address: _____

_____

_____ _____ _____
Signature **Print Name** **Date**

****ALL INFORMATION ON THIS FORM IS CONFIDENTIAL AND IS USED FOR CITY INCOME TAX PURPOSES ONLY****

Please change tax year if necessary

View Instructions | Reset Form | Print Form

CITY OF LORAIN OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

☐ AMENDED **Return with Payment**

No. of Employees Represented on line No. 1 Below	
1. Taxable Earnings paid all Employees subject to City of Lorain, Ohio, 2.5% (.025) Income Tax Is this a courtesy withholding? ☐ YES Is this a final return? ☐ YES ☐ NO If yes, attach explanation	1
2. Actual Tax Withheld in reporting period for City Income Ta x	2
3. Adjustment of Tax for prior quarter (see instructions)	3
4. Penalty (See Instructions)	4
5. Interest (See Instructions)	5
6. Total – (Lines 2-5)	6

If no wages paid this quarter, mark "NONE" and return this form with explanation.

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date

Federal ID No. _____

Email _____

Phone _____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO:

DEPARTMENT OF TAXATION

EMPLOYER NAME/ADDRESS Account No. _____

Please select period below

FOR THE MONTH(S) OF

MUST BE RECEIVED BY

MAIL TO:
DEPARTMENT OF TAXATION
CITY OF LORAIN
605 W. 4th Street
Lorain, OH 44052
(440) 204-1002

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

Notify the Department of Ta xation promptly of any change in ownership.

FORM MW1