



**CONTRACTOR RENEWAL OR
STATE LICENSED CONTRACTOR
REGISTRATION APPLICATION**

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

Date Received _____

Approved Not Approved

Chief Building Official

Cash
 Check #

Application is hereby made for a contractor's registration.

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.

RENEWAL FEES: Commercial-\$150.00 Residential-\$125.00 Both-\$150.00

STATE LICENSED (new applicant): Commercial-\$175.00 Residential-\$150.00 Both-\$175.00

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 THE FOLLOWING ARE ATTACHED TO EXPEDITE THE APPLICATION:

- Original bond with seal (\$25,000 and expiring a year from date of registration).
- Copy of \$1 Million Liability Insurance. No additional insured on the certificate and the Certificate Holder is to the City of Lorain-Building Division, 200 W. Erie Avenue, 5th Floor, Lorain, OH 44052.
- A copy of your current State License (Electrical, Plumbing, HVAC), if applicable.
- Renewal registration payment.
- Self-addressed stamped envelope to return license to you.

IF YOUR REGISTRATION WITH THE CITY OF LORAIN HAS EXPIRED FOR MORE THAN 12 MONTHS - - YOU MUST COMPLETE THE APPLICATION AS A NEW REGISTRANT AND WILL REQUIRE SUBMISSION OF ADDITIONAL DOCUMENTS.

PLEASE REFER TO OUR WEBSITE (CITYOFLORAIN.ORG) UNDER FORMS FOR SPECIFIC REQUIREMENTS OR CALL THE BUILDING DEPARTMENT FOR MORE INFORMATION.

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, then 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 INCOMETAX@CITYOFLORAIN.ORG

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 (no forms will be sent)

Type of Ownership:

Corporation Partnership 1120S 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

Please change tax year if necessary

[View Instructions](#) [Reset Form](#) [Print Form](#)

AMENDED

[Return with Payment](#)

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

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

2. Actual Tax Withheld in reporting period for City
Income Tax

3. Adjustment of Tax for prior quarter (see instructions)

4. Penalty (See Instructions)

5. Interest (See Instructions)

6. Total – (Lines 2-5)

1

2

3

4

5

6

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

Please select period below
FOR THE MONTH(S) OF

MUST BE RECEIVED BY

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

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 Taxation promptly of any change in ownership.
FORM MW1