



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

DIVISION OF BUILDING / ELECTRICAL  
200 WEST ERIE AVENUE, 5<sup>TH</sup> 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, 5<sup>th</sup> 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 5<sup>th</sup> 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 4<sup>TH</sup> STREET, LORAIN OH 44052 INCOMETAX@CITYOFLORAIN.ORG

**BUSINESS REGISTRATION**

**Lorain City Income Tax Rate 2.5%**

Company Name: \_\_\_\_\_

DBA or

Trade Name: \_\_\_\_\_

Lorain Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address of Main Office: \_\_\_\_\_

E-mail Address For \_\_\_\_\_

Net Profit Accounts:

E-mail Address For \_\_\_\_\_

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

**\*\*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 Tax

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.

*Please select period below*  
FOR THE MONTH(S) OF

EMPLOYER NAME/ADDRESS Account No. \_\_\_\_\_

MUST BE RECEIVED BY

Notify the Department of Taxation promptly of any change in ownership.  
FORM MW1

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.