



DEPARTMENT OF PLANNING & DEVELOPMENT

126 W 6th Street

East Liverpool, OH 43920

330-385-5394

CONTRACTOR'S LICENSE

AS PER CODIFIED ORDINANCE NO. 14, 1994

(Checks Payable to "City of East Liverpool")

OWNER'S NAME: _____

OWNER'S SIGNATURE: _____

BUSINESS NAME: _____

BUSINESS TELEPHONE: _____

FAX: _____ EMAIL: _____

CONTACT PERSON: _____ CONTACT TELEPHONE _____

MAILING ADDRESS: _____

TYPE OF BUSINESS: _____ TYPE OF WORK: RESIDENTIAL ___ COMMERCIAL ___ BOTH ___

FOR OFFICE USE ONLY

REQUIRED SUBMISSIONS:	YES	NO
------------------------------	------------	-----------

CERTIFICATE OF LIABILITY INSURANCE (Minimum coverage of \$100,000)	_____	_____
---	-------	-------

DATE OF POLICY EXPIRATION: _____

CITY INCOME TAX PROOF OF REGISTRATION FORM	_____	_____
--	-------	-------

DATE OF ISSUANCE: _____ DATE OF EXPIRATION: _____

CONTRACTOR'S LICENSE NUMBER: _____

\$100 LICENSE FEE RECEIVED BY: _____



City of East Liverpool Income Tax Department

126 W. Sixth Street

East Liverpool, OH 43920

Phone: 330-385-5437 | Fax: 330-386-7865

Email: eltaxdept@gmail.com

Linda Harpold, Tax Commissioner

BUSINESS REGISTRATION FORM

**THIS FORM IS TO BE COMPLETED AND RETURNED BEFORE STARTING A
BUSINESS IN EAST LIVERPOOL OR WITHHOLDING TAXES**

DATE BUSINESS STARTED: _____

WITHHOLDING ACCT: _____ NET-PROFIT ACCT: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

FEDERAL EMPLOYER ID: _____ SS#: _____

DBA: _____

BUSINESS/RENTAL ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

ACCOUNTING PERIOD: () CALENDAR () FISCAL- END MONTH: _____

INDICATE TYPE: () Sole Proprietor () Partnership () Trust/Estate () S-Corp

() C-Corp () Non Profit Corp (attach 503C) () Other

EMPLOYEES: () YES () NO APROXIMATE NUMBER: _____

GENERAL CONTRACTOR: () YES () NO

SUBCONTRACTORS: () YES () NO

LOCATION OF PROJECT (if applicable): _____

PAYROLL SERVICE: () YES () NO

PAYER TYPE: Monthly () Quarterly ()

THE CITY OF EAST LIVERPOOL
INCOME TAX DEPARTMENT • CITY HALL • EAST LIVERPOOL, OHIO 43920

PHONE 385-5437

BETTY T. ALLISON
TAX COMMISSIONER

PROOF OF REGISTRATION

OWNERS NAME _____

BUSINESS NAME _____

FEDERAL TAX ID NO. _____
=====

IMPORTANT NOTICE TO CONTRACTORS

This notice is to advise you that you will be subject to the East Liverpool, Ohio city income tax while employed on any construction project within the city limits of East Liverpool.

The employee's working for you in East Liverpool will be subject to withholding on their wages (regardless of their place of residence) at the rate of one and a half percent (1.5%) of their gross wages earned within the city limits.

You are required to furnish names and addresses to the City Income Tax Office of any sub-contractors that you utilize while working in East Liverpool.

You, as a contractor, will be subject to the city tax of one and a half percent (1.5%) of your net profit from any work done within East Liverpool.

=====

TO BE COMPLETED BY THE INCOME TAX OFFICE

I _____ verify that _____ owns
(INCOME TAX DEPT. REP.) (OWNER NAME)

and or operates a Contracting business within the city of East
Liverpool and is registered with the City Income Tax Office as

_____ Date _____
(BUSINESS NAME)