



CITY OF LIMA, OHIO

David J. Berger, Mayor

Lima, Allen County Building Department

50 Town Square, Lima, Ohio 45801

Phone: 419-221-5243

Fax: 419-221-5189 or 5214

REQUIREMENTS FOR CONTRACTOR LICENSING

1. A copy of a valid, un-expired State of Ohio contractors License (HVAC, Electrical, Etc). This requirement does not apply to building contractors.
2. Certificate of Liability Insurance in the amount of \$300,000.00 listing the City of Lima as the holder of the certificate.
3. Copy of Workers Compensations Certificate.
4. Registration with the City of Lima Tax Department.
5. Completed Application.
6. Payment of a 50.00 (per trade) non-refundable fee.

Application For Contractor Registration

Date: _____

Tax ID # _____

Issue to (Business Name) : _____

Applied For By: _____

Business Address: _____
Street City State Zip Code

Phone # _____ Cell # _____ Fax # _____

EMAIL ADDRESS: _____

Nature of License: To register with the City of Lima / Lima Allen County Building Department as a(n) contractor. Registration fee is \$50.00 per trade. (non-refundable)

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> General | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Hood Suppression |
| <input type="checkbox"/> Sprinklers | | |

In signing this application, I agree to abide by all Ordinances, Rules, and Regulations pertaining to this subject nor or hereafter passed by the City Council of Lima, or by any official empowered to issue such regulations.

Signed: _____

Date: _____

City Income Tax Department Approval: _____

Fees: \$ _____

THIS IS NOT A LICENSE

BUSINESS QUESTIONNAIRE
LIMA ALLEN COUNTY BUILDING DEPARTMENT
50 TOWN SQUARE LIMA, OHIO 45801
PHONE: (419) 221-5243 FAX: (419) 221-5189

The following information will aid us in preparing forms for your use under the Income tax Ordinance. Please answer questions fully and return this questionnaire to the above address.

1. NAME OF INDIVIDUAL _____
OR
OWNER(S) _____
2. NAME OF CORPORATION _____
3. TRADE NAME (IF ANY) _____
4. GIVE HOME ADDRESS OF OWNER(S) OR ALL, PARTNERS, IF A PARTNERSHIP.
IF CORPORATION LIST NAMES & TITLES OF MAJOR OFFICERS.

NAME/TITLE	ADDRESS	TELEPHONE
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(A) _____

(B) _____

(C) _____

5. LOCATION OF ACITVITY IN LIMA: _____
6. LOCAL PHONE NO. _____ HOME OFFICE PHONE NO. _____
7. MAILING ADDRESS: _____
8. DATE WHEN BUSINEESS STARTED IN LIMA: _____
9. TYPE OF ORGANIZATION: IND. PROP. _____ PARTNERSHIP _____ CORP. _____
10. SS: (IF IND, PROP.) _____ FEDERAL ID NO. _____
11. ARE THERE NOW OR WILL THERE BE EMPLOYEES SUBJECT TO LIMA CITY TAX?
YES _____ NO _____ APPROXIMATE NO. OF EMPLOYEES _____
12. ACCOUNTING PERIOD: CALENDAR YEAR _____ FISCAL YEAR ENDING _____
13. NATURE OF BUSINESS _____
14. IF YOU ARE A CONTRACTOR AND WILL HAVE SUB-CONTRACTORS WORKING FOR YOU, PLEASE LIST THSE ON THE BACK OF THE FORM.

**NOTE: A FISCAL YEAR ENDING CAN ONLY BE USED WHEN YOUR ACCOUNTING PERIOD SD USED ON FEDERAL RETURN DOES NOT END ON DECEMBER 31.

LIMA CITY INCOME TAX RATE IS 1.500 PER CENT
PLEASE COMPLETE QUESTIONNAIRE AND RETURN. THANK YOU.