



CITY OF NAPOLEON

Building & Zoning Division

255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545

Phone: 419-592-4010 - Fax: 419-599-8393

CONTRACTOR REGISTRATION FORM

PLEASE PRINT CLEARLY

NEW RE-REGISTER for 20_____

COMPANY NAME: _____ DATE: _____

CONTACT PERSON: _____

BUSINESS ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE #: _____ FAX #: _____ CELL #: _____

EMAIL: _____ *Email Correspondence: Yes No

*Correspondence, permits, reminder notices, etc. will be sent electronically instead of by mail.

COMMERCIAL GENERAL LIABILITY INSURANCE is required in order to qualify to perform work in the city of Napoleon. The minimum coverage shall be **\$1,000,000 General Aggregate, \$500,000 Each Occurrence, \$500,000 Personal Injury.** Please have your agent forward a certificate of insurance and be sure to name, City of Napoleon as the holder.

Please check the type of work you are qualified to perform based on your experience

Commercial Residential Industrial

- | | | | |
|---|---|---|-------------------------------------|
| General Contracting <input type="checkbox"/> | Home Builder <input type="checkbox"/> | Remodeling <input type="checkbox"/> | Roofing <input type="checkbox"/> |
| Siding <input type="checkbox"/> | Windows <input type="checkbox"/> | Gutters <input type="checkbox"/> | Electrical <input type="checkbox"/> |
| Plumbing <input type="checkbox"/> | Heating <input type="checkbox"/> | Venting <input type="checkbox"/> | A/C <input type="checkbox"/> |
| Refrigeration <input type="checkbox"/> | Sewer <input type="checkbox"/> | Sign Builder <input type="checkbox"/> | Fencing <input type="checkbox"/> |
| Landscaping <input type="checkbox"/> | Painting <input type="checkbox"/> | Cabinet Builder <input type="checkbox"/> | Pools <input type="checkbox"/> |
| Accessory Structures (Wood Frame, Steel Frame) <input type="checkbox"/> | Masonry/Concrete <input type="checkbox"/> | Foundation Walls <input type="checkbox"/> | |
| Repairs/Waterproofing <input type="checkbox"/> | Lawn Sprinklers <input type="checkbox"/> | Fire Sprinklers <input type="checkbox"/> | Other: _____ |

Arborists (Must provide proof of Insurance \$300,000 bodily injury & \$300,000 property damage, & proof of W/C insurance)

- How many years of experience do you have doing the type of work as indicated above? _____
- How long has your company been in business? _____
- How long has your company been under current ownership? _____
- Do you have employees? Y N If yes please provide a copy of your workers comp certificate.
- Do you have subcontractors? Y N . If yes each subcontractor must complete a contractor registration form.

If the information of this form is found to be satisfactory a contractor license will be issued. Contractor licenses are valid for one calendar year at the cost of **\$25.00.**

This form will not be accepted unless it is signed by an authorized person of the firm listed above.

Firm-Authorized Signature Date

Print Name & Title

Building/Zoning Office Use Only

Batch# _____ Check# _____ Date _____ Contractor # _____



City of NAPOLEON, OHIO

INCOME TAX DEPARTMENT

255 WEST RIVERVIEW AVENUE – P.O. BOX 151
NAPOLEON, OHIO 43545-0151
PHONE: 419-599-2821 – FAX: 419-592-6748
E-MAIL: naptax@napoleonohio.com
CITY WEBSITE: napoleonohio.com/finance.html

Dear Employer:

The City of Napoleon has an income tax rate of one point five percent (1.5%). This refers to **Qualifying Wages** and **Net Income Earned** in the City of Napoleon city limits. Please complete and return the enclosed questionnaire promptly to the above address so that an account may be established in your company's name.

The filing deadlines for withholding tax are as follows:

<u>Quarter Filing</u>	<u>Quarter Due Date</u>
January - March	April 30
April - June	July 31
July - September	October 31
October - December	January 31

The W2 reconciliation and any 1099-Misc issued for work performed in Napoleon are due on February 28.

If you have any questions, please feel free to call the number listed above.

Thank you, in advance, for your cooperation.

City of Napoleon Income Tax Department



City of NAPOLEON, OHIO

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TAX RATE 1.5%

Please complete and return this questionnaire so that our records will correctly reflect your tax compliance obligations in this city, and we can provide proper forms in a timely manner. Thank you.

1. Complete Business Name _____
2. Federal Identification # _____ Individual Filing – SS# _____
3. Trade Name (if different than business name) _____
4. Local address _____
5. Local phone number _____
6. Will you have company employees working in our city limits? _____
 - a. Is this a courtesy withholding? _____ (if yes, go to 11)
7. Will you have any subcontractors working for you in our city limits? _____

If yes, please attach list (including names, addresses, and phone numbers)
8. Nature of Business _____
9.
 - a. Location of job in Napoleon city limits _____
 - b. Start date of job in Napoleon city limits _____
 - c. Start date of business in Napoleon city limits _____
10. Accounting period: Calendar Year _____ Fiscal Year Ending _____
11. Accountant name and address _____ Phone () _____
12. Type of organization:

Individual Proprietor _____ (go to part a)	Partnership _____ (go to part b)
Corporation _____ (go to part c)	Non-Profit Corporation _____

 - a. If individual proprietor, give owner's name and address: _____
 - b. List partners below:

Name	Address	Social Security #	% Distribution
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
 - c. If corporation please list: Charter Number _____
Statutory Agent, President, Vice President(s), Secretary, Treasurer, and Addresses

If corporate subsidiary, give name and address of parent company main office: _____

13. Address to which tax forms are to be mailed:

Send business net profit tax return form to:	Send withholding report tax form to:
Name _____	Name _____
Care of _____	Care of _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

The information hereby submitted is true and correct – signature:
 Name (if individual) _____ Company _____
 Date Signed _____ By _____ Title _____
 E-mail address _____