



Contractor Registration

	you register with the city it's required you update your B' renewed yearly or as long as you are performing business	
Company Name		
Company Owner		
Company Address		
Home Office Address	(if different from above)	
Business Phone		
Beginning date Cosho	ecton activity began	_
Federal ID _		_
Type of Con	tractor: Check all types of work usually performed:	
□Residenti	al □ Commercial □ Industrial	
Registration	Type: (see attached information sheet)	_
Is the main location se region? Yes No	ervicing the Coshocton Business located within the City of	f Coshocton or the JEDD
Do you have sub-cont registration form.	ractors? Yes No If yes, each sub-contractor needs t	to complete a contractor
	ility insurance rent qualification certificate or state license (if applical	ble)
Tuscarawas JEDD reg	ocated outside the City of Coshocton but employ within the gions tax liability begins after 20 days of compensation ear ORC 718.011 and 718.03). The tax rate effective 7-1-15 is	rned (to determine withholding
Applicants printed nar	me	
	m.d	Date
Signature	Title	D .
Approval:	shocton	Date

Upon approval this application becomes the formal Contractor Registration Permit