



Contractor Registration

Company Name	
Company Owner	
Company Address	
Home Office Address (if diffe	ent from above)
Business Phone	Email
Beginning date Coshocton act	ity began
Federal ID	
o you have sub-contractors? Yes No If yes, each sub-contractor needs to complete a contractor gistration form. abmittal Requirements: • Copy of liability insurance • Copy of current qualification certificate or state license (if applicable) • Copy of BWC certificate or those business's located outside the City of Coshocton but employ within the city or within the Franklin and ascarawas JEDD regions tax liability begins after 20 days of compensation earned (to determine withholding quirements refer to ORC 718.011 and 718.03). The tax rate effective 7-1-15 is 2%. pplicants printed name	
□Residential □ Co	nmercial Industrial
Registration Type: (s	e attached information sheet)
Is the main location servicing Yes No	ne Coshocton Business located within the City of Coshocton or the JEDD regio
Do you have sub-contractors? registration form.	Yes No If yes, each sub-contractor needs to complete a contractor
 Copy of current qua 	fication certificate or state license (if applicable)
Tuscarawas JEDD regions tax	iability begins after 20 days of compensation earned (to determine withholding
Applicants printed name	
	Date
	Title
Approval: City of Coshocton	Date

Upon approval this application becomes the formal Contractor Registration Permit

760 Chestnut Street Coshocton, OH 43812 740-622-1465

www.cityofcoshocton.com Revised 11/1/18