



VILLAGE OF SEBRING

135 EAST OHIO AVENUE
SEBRING, OHIO 44672

TELEPHONE: 330-938-9340

FAX: 330-938-3425

www.sebringohio.net

Please mail your \$100.00 check or money order for the Contractor Registration to:

Village of Sebring
135 E. Ohio Avenue
Sebring, OH 44672
(330) 938-9340

Your Contractor Registration is good for the calendar year (January – December)

Please include the following items with your payment for registration:

- 1) Application for Contractor Registration
- 2) \$100.00 Registration Fee (made payable to The Village of Sebring)
- 3) Certification of Insurance showing the Village of Sebring as an additional insured
- 4) Copy of State License for mechanical contractors if applicable (Electric, Plumbing, HVAC)
- 5) Business Account Registration (Mandatory Income Tax) form.

I have also included a copy of our building inspector, Lionel Finch's, business card. He can be reached on his CELL PHONE number with any questions pertaining to building or inspections.

Thank you!



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Application for Contractor Registration

DBA _____
Business Address _____
City _____ State _____
Zip Code _____ Driver's License _____
Phone # _____
Email _____
Contractor's State License _____

Name _____
Address _____
City _____ State _____
Zip Code _____ Phone# _____

Contractor must provide the Village of Sebring with the following documents to be registered.

- 1) Application
- 2) \$100.00 Registration Fee (Payable to the Village of Sebring)
- 3) Certification of Insurance with the Village of Sebring as an Additional Insured
- 4) Copy of State License for mechanical contractors (Elect, Plbg, Hvac)
- 5) Business Account Registration (Mandatory Income Tax)

OFFICE USE ONLY License # _____

BUSINESS ACCOUNT REGISTRATION

MUNICIPALITY OF SEBRING

Income Tax Department

135 East Ohio Avenue

Sebring, Ohio 44672

PH: 330-938-2441 FX: 330-938-6834

Email: tax@sebringohio.net

Website: www.sebringohio.net

Please complete and return this registration form to the Sebring Income Tax Department before conducting business in Sebring.

All information obtained on this form is strictly confidential and will be used for Income Tax purpose only.

Name: _____

DBA: _____

Federal ID #: _____

SSN (required if Sole Proprietorship) _____

Address: _____

City/State/Zip Code: _____

Mailing Address (for tax forms / if different from above):

Phone: _____ Fax: _____

Contact Person: _____

If location of business is rented, list name and address to whom rent is paid:

If location is a branch office, give address and phone number of main office:

Reason for Registration:

- Courtesy Withholding for a Sebring Resident
 Doing Business in Sebring this year (temporary)
Approx. time period _____
 Business with a fixed location in Sebring
Date business began _____

Withholding Frequency:

- Monthly
 Quarterly
Date withholding will begin _____

Accounting Period:

- Calendar Year
 Fiscal Year / month ending _____

Type of Business Entity:

- Corporation
 S-Corporation
 LLC (Joint or Single Member)
 Partnership
Sole Proprietorship
Other _____ (Specify)

State the nature of the business:

List the physical address where the business or project is located:

Do you have Sub-Contractors working in Sebring?

- Yes
List the complete names, addresses and phone numbers of Sub-contractors and an estimate of time spent working in Sebring on the reverse side.
 No

Signature and Title of person completing form

Today's Date

Printed name and title of person completing form

FAILING TO RETURN THIS FORM, SUPPLYING FALSE INFORMATION AND / OR SUBMITTING INCOMPLETE INFORMATION MAY RESULT IN THE IMPOSITION OF PENALTIES IN ACCORDANCE WITH THE INCOME TAX ORDINANCE (CHAPTER 171).

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CONTACT THE OFFICE AT (330) 938-2441.

Note: If business is conducted within municipality limits of Sebring, a net profit return must be filed.