



Randy Evans, Mayor  
David Swackhammer, Director of Public Service/ Safety

145 Broadway St. Jackson, Ohio 45640  
(740) 286-2201 cityadministration@jacksonohio.us

Registration # \_\_\_\_\_

(To be assigned by the City of Jackson)

**CONTRACTOR REGISTRATION**

Company Name \_\_\_\_\_

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Federal ID #: \_\_\_\_\_ SSN: \_\_\_\_\_

Type of Contractor or Specialty: \_\_\_\_\_

**Requirements:** (check the boxes)

\*It is the responsibility of the Contractor to adhere to all requirements where applicable.

\$100.00 Yearly Fee – *Registration expires 12 months after approval*  
 Cash     Credit     Check    Check # \_\_\_\_\_

Certificate of Liability Insurance

Worker's Compensation Certificate

Exempt from Worker's Compensation. Explain \_\_\_\_\_

Ohio Contractor's License, if applicable. OH Lic.# \_\_\_\_\_

RITA Form 48. Submit to RITA  
(Regional Income Tax Agency, 800-860-7482)

Vendor's License or Seller's Use Tax. Submit to County Auditor  
(County Auditor, 1-740-286-4231)

Print Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_

Signature of individual approving: \_\_\_\_\_ Date: \_\_\_\_\_