



**MECHANICAL REGISTRATION  
APPLICATION**  
PUBLIC SERVICE & BUILDING DEPARTMENT

**CITY OF WHITEHALL**  
360 S. Yearling Road  
Whitehall, Ohio 43213  
614-237-8612  
Building-Department@whitehall-oh.us  
www.whitehall-oh.us

**WHITEHALL CONTRACTOR REGISTRATION INSTRUCTIONS**

ELECTRIC, HVAC, PLUMBING, REFRIGERATION, FIRE ALARM, FIRE SUPPRESSION, SANITARY SEWER

You must provide all the information to become registered:

- \$100 fee for each registration type
- \$25,000.00 Original Bond for first time registrants (must have seal and payable to the City of Whitehall and date issued and expiration date) and enclosed bond form to be completed by insurance company. For registration renewals, a Continuation Certificate may be filed instead of an Original Bond (bond number must be on Continuation Certificate and match prior bond number).
- Current Certificate of Liability Insurance in the amount of \$500,000.00
- Electric, HVAC, Hydronic, Plumbing, Refrigeration, Fire Alarm, Fire Suppression registrants must submit a copy of State of Ohio License.
- Water/Sanitary Sewer registrants must submit a copy of City of Columbus Sewer License.
- New registrants must also register with the City of Whitehall Tax Department by filing a Business Registration form (included in this packet). For questions regarding the Business Registration form, please call our Tax Department at 614-237-9803.

**All City of Whitehall Contractor Registrations expire one year from the date approved. Contractors applying for multiple registrations require an application and \$100 fee for each registration.**

We accept cash, money orders or checks payable to the City of Whitehall and credit/debit card over the phone.

E-mail all completed forms to: **building-department@whitehall-oh.us**. Please note, if sending an original bond, please mail or deliver the physical copy.

Mail or deliver all completed forms and checks to the following:

**CITY OF WHITEHALL  
ATTN.: BUILDING DEPT.  
360 S. YEARLING RD.  
WHITEHALL, OHIO 43213**

## MECHANICAL REGISTRATION APPLICATION

MUST SUBMIT A COPY OF STATE OF OHIO LICENSE

- ☐ ELECTRIC
- ☐ HVAC
- ☐ PLUMBING
- ☐ REFRIGERATION
- ☐ FIRE ALARM
- ☐ FIRE SUPPRESSION
- ☐ WATER / SANITARY SEWER (MUST SUBMIT A COPY OF CITY OF COLUMBUS LICENSE)

The undersigned hereby registers with the City of Whitehall to install and/or repair mechanical systems within the corporate limits of the City of Whitehall, Ohio, in accordance with the provisions of City of Whitehall Codified Section 1305.01(b).

The undersigned states that he/she is licensed to install and/or repair mechanical systems in conformity with the current issue of the City Code and he agrees to install and/or repair all work done by him in a manner to comply with all applicable building codes and codified ordinances of the City.

The undersigned further agrees to correct all violations written by the Chief Building Official or their agent.

**NO WORK MAY BEGIN BEFORE ACQUIRING PERMIT(S)**

**CONTRACTOR MUST COMPLETE ALL INFORMATION LISTED BELOW (PLEASE PRINT):**

OWNER'S NAME:

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

BUSINESS PHONE:

CELL PHONE:

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

E-MAIL:

STATE OF OHIO LICENSE #:

CITY OF COLUMBUS SEWER LICENSE #:

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

NAME OF LICENSEE:

EXPIRATION DATE:

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

CONTRACTOR MUST REGISTER WITH THE CITY OF WHITEHALL TAX DEPARTMENT

FEDERAL ID#:

REGISTRANT SIGNATURE:



**BOND**  
**PUBLIC SERVICE & BUILDING DEPARTMENT**

**CITY OF WHITEHALL**  
360 S. Yearling Road  
Whitehall, Ohio 43213  
614-237-8612  
Building-Department@whitehall-oh.us  
www.whitehall-oh.us

To cover Contractors engaged in repairs and/or construction within the City of Whitehall, Ohio.

**KNOW ALL MEN BY THESE PRESENTS:**

That we (business name)

Whose business address is

As Principal, and

as Surety, are hereby held and firmly bound unto the **City of Whitehall, Ohio**, in the penal sum of **Twenty-Five Thousand Dollars (\$25,000.00)** for the payment of which we jointly and severally bind ourselves.

The conditions of this obligation is that the above bound Principal will pay any and all damages to any and all persons or property caused by or growing out of any construction, installation or repair work within the limits of any public or private street within the **City of Whitehall, Ohio**, to any property or employee of said City and will indemnify and save harmless the City for all construction or repair work and any and all damage, personal or property, caused by such construction, installation or repair work. Now, if the said Principal shall fulfill said conditions, then this obligation shall be void; otherwise this bond to remain in full force. **All bonds and insurance are to be maintained in force through the period of the contractor's current Whitehall registration.**

Principal:

By:

Surety:

By:

Bond No.:

Date Paid:

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Issue Date:

Expire Date:

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City of Whitehall  
Income Tax Division  
Business Registration

TAX RATE:  
2.5%

The information requested on this form is essential to the establishment of your account and will be used for official purposes only.  
Please complete and sign this Questionnaire and return within 15 days. If you have any questions, contact the Income Tax Division at (614) 237-9803.

General Information:

1. Type of Organization: (Please check one)

- |                                                 |                                                                 |                                            |
|-------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> C-Corporation (1120)   | <input type="checkbox"/> LLC Filing as Partnership              | <input type="checkbox"/> Domestic Help     |
| <input type="checkbox"/> S- Corporation (1120S) | <input type="checkbox"/> LLC filing as Corporation              | <input type="checkbox"/> Non-Profit        |
| <input type="checkbox"/> Partnership (1065)     | <input type="checkbox"/> Sole Proprietor (Schedule C)           | <input type="checkbox"/> Courtesy Employer |
| <input type="checkbox"/> Trust (1041)           | <input type="checkbox"/> Single Member LLC (Disregarded Entity) |                                            |

Please identify owner/member:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

2. Taxpayer federal Identification Number (EIN/FID)

FEDERAL ID NUMBER: \_\_\_\_\_ - \_\_\_\_\_

SOCIAL SECURITY NUMBER (Complete ONLY if a sole proprietor): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Business Name (Taxpayer's Legal Name)

Name (as shown on your income tax return) \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

4. Date Business started in Whitehall: \_\_\_\_\_ Date of 1<sup>st</sup> Payroll \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Number of Employees Working In Whitehall: \_\_\_\_\_

Ending Day of Fiscal Year If Other Than Calendar Year: \_\_\_\_\_

5. Please list all names, addresses, and telephone numbers of Corporate officers and/or partners: (attach list if necessary)

| Name | Address | SSN   | Telephone Number |
|------|---------|-------|------------------|
| (a)  | _____   | _____ | _____            |
| (b)  | _____   | _____ | _____            |
| (c)  | _____   | _____ | _____            |

6. Do you have a location within the City limits of Whitehall: ☐ Yes ☐ No

**\*\*\*CONSTRUCTION COMPANIES AND CONSULTING FIRMS\*\*\*** List all Whitehall area addresses where you have employees working. **Consulting firms** should include the addresses of client locations if the firm has employees physically working at client sites (indicate if address given is a client site). **Construction firms** should include job site addresses (indicate if address given is a job site).

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Employee Information:

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1. Please check all appropriate box(es):

- ☐ Employees are working within city limits of Whitehall – Withholding rate is 2.5%
- ☐ Employees live in Whitehall city limits and work in a non-taxing city – Withholding rate is 2.5%
- ☐ Employees live in city limits of Whitehall and work in another taxing city and you are going to courtesy withhold – full credit of actual tax withheld, limited to 2.5%
- ☐ No Employees
- ☐ Have leased employees (complete below)

\_\_\_\_\_ Payroll Service \_\_\_ Leasing Co  
Payroll Service or Employee Leasing Company (if any)

2. Please indicate deposit frequency (if you are using a withholding service, please advise them to withhold):

- ☐ Quarterly (under \$100.00/month)    ☐ Monthly (over \$100.00/month)    ☐ Semi Monthly (over \$1,000/month)

## Mailing Information:

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1. Send the **Business net profit** tax return to (not applicable for Courtesy ONLY Withholders):

Business Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

2. Send **Employee withholding** tax report form to:

Business Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT:

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

Title: \_\_\_\_\_

Company: \_\_\_\_\_

*Thank you for your cooperation, please do not hesitate to call if we can assist you in any way.*

**REMIT TO:**

City of Whitehall

360 South Yearling Road, Whitehall, OH 43213 (614) 237-9803 or Fax (614) 237-7902