



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: _____