



Zoning Department

213 South Main Street
Fostoria, OH 44830
419-435-8243
zoning@fostoriaohio.gov

Contractor License Application

Fee: **New or over 1 year \$25.00**

Date _____ Owner/Primary Contact _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Federal Tax ID # _____

Phone Number _____ FAX _____

Cell Phone No. _____ Email Address _____

Sub Contractor for _____

Type of work performed in the City of Fostoria

- | | | | | |
|---|---|--------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Residential Construction | <input type="checkbox"/> General Contractor | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Asphalt | <input type="checkbox"/> Brick Layer |
| <input type="checkbox"/> Commercial Construction | <input type="checkbox"/> Heating / Cooling | <input type="checkbox"/> Electrician | <input type="checkbox"/> Sign | <input type="checkbox"/> Excavator |
| <input type="checkbox"/> Tree Removal / Trim | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Roofing | <input type="checkbox"/> Other | |

Number of Employees: _____

Sub-Contractors:

Name	Address

Please use additional paper if needed

This application will be a permanent record held at the City of Fostoria. By signing this application, you agree to inform the City of Fostoria of any change in information of your business and report all work performed within the City of Fostoria by filing a quarterly statement to the Zoning Office and /or the Income Tax Department. See City Ordinance 2002-05 Chapter 1107.04 (a) and (b) codified ordinances of the City of Fostoria.

You must submit a copy of your certificate of insurance and Workers Compensation.

Applicant: _____ Date: _____