



# Zoning Department

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

## Contractor License Application - Renewal

Fee: **Renewal \$10.00**

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: \_\_\_\_\_