

City of Ironton, OH
301 South 3rd St.
P.O. Box 704
Ironton, OH 45638
740-533-0439

Office Use ONLY

Date Rcv'd _____

Receipt # _____

License # _____

APPLICATION SERVICE WORKERS LICENSE

Annual Fee \$50.00 - January—December

BUSINESS NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

FED TAX ID: _____

CONTACT PERSON: _____

STATE TAX ID: _____

OHIO UNEMPLOYMENT NO. _____

WORKERS COMP. NO. _____ EMAIL ADDRESS: _____

List below the OFFICERS of your Company and Titles:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List below the Names, Addresses and Social Security Numbers of your employees

1. _____	2. _____
_____	_____
_____	_____
3. _____	4. _____
_____	_____
_____	_____
5. _____	6. _____
_____	_____
_____	_____

IF ADDITIONAL SPACE IS REQUIRED: PLEASE LIST ON BACK OF THIS FORM

*****PRIOR TO OBTAINING THIS PERMIT, You must submit a copy of your business's
Workers Compensation Certificate and Certificate of Insurance.**

YOU ARE ALSO REQUIRED TO ESTABLISH AN ACCOUNT WITH THE IRONTON INCOME TAX DEPARTMENT