CHAGRIN FALLS TOWNSHIP

4350 SOM Center Road, Moreland Hills, Ohio 44022
440-248-1188
http://morelandhills.com

CONTRACTOR REGISTRATION

- Contractors must register annually using the appropriate form provided by the Village of Moreland Hills Building Department. ***Note: All contractors doing work within the Village are required to register with the Village no matter if they are performing Residential or Commercial work.***

- The following contractors are registered annually (January – December) at a fee of $125:
  - **Electrical –** requires copy of State of Ohio Electrical License
  - **Gas Piping** – requires copy of State of Ohio Plumbing or HVAC License
    - **Note**: a registered HVAC or Plumbing contractor can install Gas Piping and obtain any required permits for Gas Piping.
  - **HVAC –** requires copy of State of Ohio HVAC License
  - **Hydronics** – requires copy of Ohio Hydronics License
    - **Note**: for residential work only a registered HVAC or Plumbing contractor can obtain any required permits for Hydronics.
  - **Fire Safety** – Includes; Fire Alarm, Fire Suppression & Fire Sprinkler. – requires copy of State Fire Marshal company annual certificate.
  - **General** – All other contractors not listed above. *(Example - General Contractors, Roofers, Excavators, Septic, Concrete and Paving, Tree Trimming/ Removal, Painting, Siding & Windows, Etc.)*
  - **PLUMBING –** requires copy of Ohio Plumbing License
  - **REFRIGERATION –** requires copy of Ohio Refrigeration License

- **Registration Requirements**: *Registrations are valid January 1st – December 31st of each year. The following items must be received at one time in order to process registration request.*
  - *Registration Application Form.*
  - *R.I.T.A. TAX Form.*
  - *$20,000 Bond – Standard Form from Your Insurance Co.*
    - ***Note:*** *If applying for multiple registrations (i.e. more than one trade), the total amount can be on one bond. (two registrations; two $20,000 bonds or one $40,000 bond)*
  - *Certificate of Liability Insurance: (List Village of Moreland Hills as additional Insured)*
    - *$100,000 - $300,000 Liability Insurance.*
    - *$50,000 Property Damage Insurance.*
  - *$125 Registration Fee.*
  - *Note: If done VIA mail, Please enclose a self-addressed stamped envelope.*

Year _____

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APPLICATION FOR REGISTRATION OF CONTRACTORS MUST BE RENEWED JANUARY 1ST OF EACH YEAR

I, _____ HEREBY MAKE APPLICATION FOR

REGISTRATION AS A _____.
(TRADE)

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

TELEPHONE _____ FAX _____

EMAIL _____

BONDING AGENT _____ AMOUNT OF BOND _____

ADDRESS _____ ZIP CODE _____

PHONE _____

INSURANCE COMPANY _____ AMOUNT _____

ADDRESS _____ ZIP CODE _____

TELEPHONE _____

ARE YOU REGISTERED OR LICENSED IN ANY OTHER CITY _____

IF YES, WHERE _____

FEDERAL ID# _____

PRESENT JOB SITE IN MORELAND HILLS

_____

_____

_____

$125.00 FEE SIGNATURE OF APPLICANT _____

Rev 1-15

E-FILE
REGIONAL INCOME TAX AGENCY

www.ritaohio.com

BUSINESS REGISTRATION FORM 46

MUNICIPALITY

FEDERAL IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER (COMPLETE **ONLY** IF A SOLE PROPRIETOR)

FILING STATUS: ☐ CORPORATION ☐ ESTATE/TRUST ☐ LLC ☐ NON-PROFIT ☐ PARTNERSHIP ☐ S-CORP. ☐ SOLE PROPRIETOR

RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES

BUSINESS NAME: _____ PHONE: ( ) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE

BUSINESS NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS

NAME: _____ PHONE: ( ) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY? _____

PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE.

NAICS _____ ☐ TRANSPORTATION ☐ NON MANUFACTURING ☐ MANUFACTURING ☐ WHOLESALE

☐ RETAIL ☐ FINANCE ☐ SERVICES ☐ PUBLIC ADMINISTRATION ☐ NON CLASSIFICATION

EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY **ONE**) ☐ YES ☐ NO

ARE CONTRACTORS UTILIZED? (CHECK ONLY **ONE**) ☐ YES* ☐ NO
*IF YES COMPLETE REVERSE SIDE.

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.

NUMBER OF EMPLOYEES AT RITA LOCATION: _____ MONTHLY GROSS PAYROLL AT RITA LOCATION: _____

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY? ☐ YES ☐ NO

SEND WITHHOLDING TAX FORMS TO

BUSINESS NAME: _____ PHONE: ( ) _____

CARE OF: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

PROFIT/LOSS INFORMATION

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR _____ / _____ / _____
MONTH DAY YEAR

SEND NET PROFIT TAX RETURN TO

BUSINESS NAME: _____ PHONE: ( ) _____

CARE OF: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____ PHONE: _____

REGIONAL INCOME TAX AGENCY
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900 BROADVIEW HEIGHTS, OHIO 44147-7900

CLEVELAND LOCAL: (440) 526-0900
FAX: (440) 526-3136

COLUMBUS LOCAL: (614) 538-0512
TDD: (440) 526-5332

YOUNGSTOWN LOCAL: (330) 743-3400
TOLL FREE: 1-(800) 860-RITA (7482)

MUNICIPALITY: _____

BUILDING PERMIT #: _____

ADDRESS OF CONSTRUCTION SITE: _____

TOTAL CONTRACT AMOUNT: $ _____

As the contractor, will your company be withholding local income tax from all employees on the job? ☐ YES ☐ NO

	COMPANY/ADDRESS - CITY, STATE AND ZIP	OFFICER/OWNER NAME PHONE NUMBER	SOCIAL SECURITY OR FEDERAL I.D. NUMBER	ESTIMATED START DATE	NUMBER OF EMPLOYEES	ESTIMATED WAGES PER MONTH	TRADE
CONTRACTOR GEN							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							

If necessary attach a separate sheet

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

REGIONAL INCOME TAX AGENCY
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

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