PROCEDURE FOR 2020 CONTRACTOR REGISTRATION

The following requirements must be met in order to register whether a new application or renewal:

(1) Fee to register is $50.00 payable by check (made to the City of Independence), MasterCard, Discover & Visa also accepted. (See application)

(2) Registration Bond (original copy with seal) in the amount of $25,000.00.
   ♦ We prefer our bond form, but will accept other standard forms if they expire on December 31, 2020
   ♦ Principal of the company must sign the bond form
   ♦ If a Continuation Certificate is issued; include a copy of the original bond that is being continued

(3) Certificate of Liability Insurance with the City of Independence named as the certificate holder:
   ♦ The minimum of $1,000,000 for bodily injury each occurrence, subject to an aggregate limit of $1,000,000
   ♦ Property damage in the amount of $100,000 for each occurrence, subject to an aggregate limit of $100,000

(4) A Copy of your Workers’ Compensation Certificate

(5) A copy of your State License must be submitted by the Contractor for the following:
   ♦ You must be registered for each type of work you do in the City
   ♦ Each type of registration requires a separate bond
      ▪ Electrical
      ▪ HVAC
      ▪ Plumbing
      ▪ Fire Alarm
      ▪ Fire Protection (Sprinkler)
      ▪ Refrigeration
      ▪ Hydronics

(6) Contractors must be registered with Regional Income Tax Agency (R.I.T.A.)

(7) Submit a self-addressed, stamped envelope to return registration

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***Submit all items together. Applications with incomplete, illegible or missing information will be returned.

Visit the City Website at www.independenceohio.org
Departments/Building/Commercial or Residential, to print the latest permit applications.

11/27/19
Application for 2020 Contractor Registration

Company:
Owner / Applicant Name:
Email:
Address:
City:
State & Zip:
Phone:
Company Fed. ID/Soc. Sec. #:

Type of Contractor: Circle one type of Contractor (*Copy of License required)

I do hereby make application for a license to operate as a contractor within the corporation limits of Independence, Ohio, in accordance with the requirements of Chapter 1321 of the Codified Ordinances of the City of Independence, Ohio.

Electrical* Refrigeration* Insulation Roofing Tree Service
Plumbing* Cement Landscaping Sewer Utilities
HVAC* Excavating Low Voltage Sign Waterproofing
Fire Alarm* Fence Masonry Swimming Pools Other:
Fire Protection* General Paving Tent Rental

List the names, addresses, telephone numbers and completion dates of your last three jobs, not necessarily in the City of Independence:

List names of counties / municipalities in which you hold licenses

License #
Month / Year Issued

Has your license or registration in any county / municipality ever been suspended or revoked?
If yes, given month, year and locality ________________________________

Are you currently registered with R.I.T.A.? Yes No
(if No, you must submit a copy of R.I.T.A. Registration Form 48 and mail the original)

I do hereby certify that I will abide by the provisions of Chapter 1321 of the Codified Ordinances of the City of Independence, Ohio, that I am fully aware of the requirements of the same, that any misrepresentation of data or facts will be cause for refusal of license or revocation of license when issued.

Signature of Owner / Applicant

Date Approved: 20

Print Name

Method of Payment: Mastercard / Visa / Discover

Account #: Expiration Date: CVC Code: 
Billing Address & Zip Code: Signature: 

Revised 11/26/19
Contractor Registration Bond for 2020
City of Independence, Ohio

Bond Type ____________________________  Bond No. ____________________________

Know all Men by these Presents, That we, ______________________________
as principal,
and ______________________________ as sureties are held and
firmly bound unto the City of Independence, Ohio, in the sum of Twenty-five
Thousand Dollars ($25,000.00), for the payment of which, well and truly to be
made, we jointly and severally bind ourselves, our heirs, executors and
administrators.

Witness our hands and seals, this ________ day of ______________,
two thousand and ________.

The Conditions of this Obligation are such, that whereas

has this day been registered in accordance with the ordinances of the City of
Independence, Ohio, commencing on the ________ day of ______________
two thousand and ____ and terminating on December 31, 2020.

Now, if the said ______________________________ shall well and faithfully perform the work in prosecution of said business or
occupation, in accordance with the rules and regulations of the City of
Independence, Ohio, in such case made and provided, and shall well and truly
indemnify and save harmless said City of Independence, Ohio, from all loss or
damage resulting in any manner from the prosecution by him of said business or
occupation, as aforesaid, and shall conform in all aspects to whatever rules and
regulations the Council may establish, then this obligation shall be void;
otherwise it shall be and remain in full force and virtue.

__________________________________ (Seal)

__________________________________ (Seal)

__________________________________ (Seal)
BUSINESS REGISTRATION FORM 48

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: __________________________________________ 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: __________________________________________ CITY: __________________ STATE: __________ ZIP: __________

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: ________________________________ DATE: __________

PRINT NAME: ________________________________ TITLE: __________________ PHONE: __________________

REGIONAL INCOME TAX AGENCY

ATTN: BUSINESS REGISTRATION

CLEVELAND LOCAL: (440) 588-0900 COLUMBUS LOCAL: (614) 520-5012 YOUNGSTOWN LOCAL: (330) 743-340X

FAX: (440) 588-3136 100 FAX: (440) 520-0332 TOLL FREE: 1 (800) 866-RITA (7482)
send response to:
REGIONAL INCOME TAX AGENCY
ATTN: BUSINESS REGISTRATION
P.O. BOX 47900
COLUMBUS, OH 43247

CLEVELAND LOCAL:
(614) 526-0000
(216) 263-7253
YOUNGSTOWN LOCAL:
(330) 742-9000

TO D. FAX:
(614) 526-5232
(216) 263-7253
(330) 742-9136

CONTRACTOR INFORMATION

MANUFACTURER:

COMPANY/OWNER:

ADDRESS OF CONSTRUCTION SITE:

TOTAL CONTRACT AMOUNT:

BUILDING INFORMATION:

TRADE:

SOCIAL SECURITY NUMBER:

ESTIMATED NUMBER OF EMPLOYEES:

ESTIMATED START DATE:

ESTIMATED COMPLETION DATE:

As a contractor, will your company be retaining full income tax on all employees on the job? YES NO

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 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.