



2020 CONTRACTOR REGISTRATION

City of Independence

BUILDING DEPARTMENT

6335 Selig Drive, Independence, OH 44131-5045

Phone: (216) 524-1019 • Fax: (216) 573-1592

www.independenciohio.org

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

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

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

Application for 2020 Contractor Registration

The City of Independence, Ohio

Building Department

Office: (216)524-1019 Fax: (216)573-1592

www.independenciohio.org



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 _____	Building Official _____
Print Name _____	Date Approved: _____ 20 _____

Method of Payment:	Mastercard / Visa / Discover	Check # :
Account #:	Expiration Date:	CVC Code:
Billing Address & Zip Code:	Signature:	

**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)



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: _____

CONTRACTOR INFORMATION

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
BO-1021-B-1ZOR BC9						
BO-1021-B-1ZOR BC9						
BO-1021-B-1ZOR BC9						
BO-1021-B-1ZOR BC9						
BO-1021-B-1ZOR BC9						
BO-1021-B-1ZOR BC9						
BO-1021-B-1ZOR BC9						
BO-1021-B-1ZOR BC9						

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

CLEVELAND LOCAL: (440) 526-0900
COLUMBUS LOCAL: (614) 538-0512
YOUNGSTOWN LOCAL: (330) 743-3400

TDD: (440) 526-5332
TOLL FREE: 1-(800) 860-RITA (7482)
FAX: (440) 526-3136