



## 2024 CONTRACTOR REGISTRATION

City of Independence  
BUILDING DEPARTMENT

6335 Selig Drive, Independence, OH 44131-5045  
Phone: (216) 524-1019 • Building@independenceohio.org  
[www.independenceohio.org](http://www.independenceohio.org)

### PROCEDURE FOR 2024 CONTRACTOR REGISTRATION

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

- (1) The **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, 2024**
  - ◆ 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 the 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](http://www.independenceohio.org)  
Departments/Building/Commercial or Residential, to print the latest permit applications.



### Application for 2024 Contractor Registration

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

<b>Type of Contractor:</b> 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	
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:

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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____

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

**Contractor Registration Bond for 2024  
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, 2024.**

***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
BCR 0001-1E-01-0E							
BCR 0001-1E-01-0E							
BCR 0001-1E-01-0E							
BCR 0001-1E-01-0E							
BCR 0001-1E-01-0E							
BCR 0001-1E-01-0E							
BCR 0001-1E-01-0E							

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

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



City of Independence  
 Building Department  
 6335 SELIG DRIVE, Independence, Ohio 44131  
 Phone: 216-524-1019  
[Building@IndependenceOhio.org](mailto:Building@IndependenceOhio.org)

Residential Project  
 List of Sub-Contractors

General Contractor	
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Sublot #	Address	Street

Trade	Contractor	Address	Phone
Excavating			
Sewer			
Masonry			
Electrical			
HVAC			
Plumbing			
Roofing			
Concrete			