CONTRACTOR REGISTRATION

Dear Contractor:

In order for you to perform work in the City of Pepper Pike you are required to furnish the following:

1. Fill out the enclosed application plus the RITA form. (Please make sure it is legible)

2. Plumbing, Electric, and HVAC contractors must furnish State Certification.

3. Certificate of insurance ($100,000/$300,000) with the City as Additional Insured.
   NO FAX COPIES WILL BE ACCEPTED.

4. Contractor's Bond ($25,000.00). Use insurance company's form. Bonds must expire on December 31st. Bond must be signed before sending to our office.
   FAX COPIES WILL NOT BE ACCEPTED.

5. Check for $100.00.

6. Self-addressed stamped envelope.

Failure to comply with the above request will be subject to the penalties provided in Section 1440.99 City of Pepper Pike Codified Ordinances. Failure to be registered and still work in the City will result in a STOP WORK ORDER being issued by our Building Commissioner and you will also be charged double when applying for your registration. If you are working without a permit a STOP WORK ORDER will be issued, and you will be charged double for your permit.

If you have any questions, please feel free to contact this office at 216-896-6134.

Thank You,

City of Pepper Pike
Building Department

CITY OF PEPPER PIKE

28000 Shaker Blvd.
Pepper Pike, Ohio 44124
216-896-6134 Fax: 216-831-1160

LIC # _____
Date Issued: _____
Check # _____

APPLICATION FOR CONTRACTOR REGISTRATION **Fee: $100.00**

Note: A General Contractor registration does not cover electrical, HVAC, plumbing, hydronics, refrigeration, sprinkler systems, and fire alarm.

TRADE: _____

EMAIL: _____

APPLICANT'S NAME: _____ TITLE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY & STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ CELL: _____

F.I.D. # _____ OR S.S. # _____

A copy of your valid OCIEB License/Certificate must be submitted with this application (if applicable).

Have you previously been registered within the City of Pepper Pike? _____

License Holder: _____ Type: _____ State ID#: _____ Expiration: _____

License Holder: _____ Type: _____ State ID#: _____ Expiration: _____

List those authorized to obtain permits in the name of the applicant:
_____ / _____ / _____

SIGNATURE OF
APPLICANT: _____ DATE: _____

NOTE:
All registrations expire on December 31st.
Section 1486.03 Signs: No person shall construct, erect or install a sign in the City.
It is the responsibility of the permit holder to schedule all required inspections.

www.ritaohio.com

BUSINESS REGISTRATION FORM 48

PEPPER PIKE
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, OH 44147-7900

CLEVELAND TOLL FREE: (800) 860-RITA (7482)
COLUMBUS TOLL FREE: (866) 721-RITA (7482)
TDD: (440) 526-5332
YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)
FAX: (440) 526-3136

CONTRACTOR INFORMATION

MUNICIPALITY: PEPPER PIKE

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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