Village of Cuyahoga Heights
4863 East 71st Street
Cuyahoga Heights, Ohio 44125
216-641-7020
www.cuyahogaheights.com

- Contractors must register annually using the appropriate form provided by the Village of Cuyahoga Heights 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 $100:
  - **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 only one bond is required.*
  - *Certificate of Liability Insurance: (List Village of Cuyahoga Heights as additional Insured)*
    - *$100,000 - $300,000 Liability Insurance.*
    - *$50,000 Property Damage Insurance.*
  - *$100 Registration Fee.*
  - *Note: If done VIA mail, Please enclose a self-addressed stamped envelope.*
  - *Proof of Workers Compensation insurance*

Village of Cuyahoga Heights

4863 East 71st Street
Cuyahoga Heights, Ohio 44125
216-641-7020
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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 _____

_____

_____

_____

$100.00 FEE SIGNATURE OF APPLICANT _____

www.ritaohio.com

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: _____

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) 756-RITA (7482)
FAX: (440) 526-3136

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
CONTRACTOR							
SUB CONTRACTOR							
SUB CONTRACTOR							
SUB CONTRACTOR							
SUB CONTRACTOR							
SUB CONTRACTOR							
SUB CONTRACTOR							

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 TOLL FREE: (800) 860-RITA (7482)
COLUMBUS TOLL FREE: (866) 721-RITA (7482)
YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)

TDD: (440) 526-5332
FAX: (440) 526-3136

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

_____ of _____,

State of _____, its regularly elected _____,

as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond

One _____

bond with bond number _____

for _____

as Principal in the penalty amount not to exceed $_____.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof the said WESTERN SURETY COMPANY has caused these presents to be executed by its _____, with the corporate seal affixed this _____ day of _____,

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By Paul T. Bruflat

Paul T. Bruflat, Vice President

WESTERN SURETY COMPANY CORPORATE SEAL SOUTH DAKOTA

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this _____ day of _____, _____, before me, a Notary Public, personally appeared _____ and _____ who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as _____ and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.

_____

Notary Public

Form F1975-1-2012

WESTERN SURETY COMPANY • ONE OF AMERICA'S OLDEST BONDING COMPANIES

Effective Date: _____

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS: Bond No. _____

That we, _____

of _____, State of _____, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of _____, as Surety, are held and firmly bound unto the _____, State of _____, as Obligee, in the penal sum of _____ DOLLARS (_____), lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been licensed _____ by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all amendments thereto, pertaining to the license or permit applied for then this obligation to be void, otherwise to remain in full force and effect until _____, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class U.S. Mail, to the Obligee and to the Principal at the address last known to the Surety, and at the expiration of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date. Regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

Dated this _____ day of _____, _____.

_____
Principal

_____
Principal

WESTERN SURETY COMPANY

By _____
Paul T. Bruflat, Senior Vice President

WESTERN SURETY COMPANY CORPORATE SEAL SOUTH DAKOTA

Form 532-12-2011

WESTERN SURETY COMPANY • ONE OF AMERICA'S OLDEST BONDING COMPANIES

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

STATE OF:
COUNTY OF } ss

On this _____ day of _____, before me, the undersigned officer, personally appeared _____, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

_____
Notary Public

ACKNOWLEDGMENT OF PRINCIPAL
(Individual or Partners)

STATE OF _____
COUNTY OF _____ } ss

On this _____ day of _____, _____, before me personally appeared _____, known to me to be the individual ____ described in and who executed the foregoing instrument and acknowledged to me that ____he ____ executed the same.

My commission expires
_____, _____

_____
Notary Public

ACKNOWLEDGMENT OF PRINCIPAL
(Corporate Officer)

STATE OF _____
COUNTY OF _____ } ss

On this _____ day of _____, before me personally appeared _____, who acknowledged himself/herself to be the _____ of _____, a corporation, and that he/she as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer.

My commission expires
_____, _____

_____
Notary Public

Western Surety Company

License or Permit No. _____

LICENSE AND PERMIT
BOND
As _____

of _____

State of _____

Name of Applicant _____

Address _____

Filed _____

Approved this _____

day of _____

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER FAX:

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B	
INSURER C	
INSURER D	
INSURER E	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER X POLICY PRO-JECT LOC				EACH OCCURRENCE	$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
						MED EXP (Any one person)	$ 5,000
						PERSONAL & ADV INJURY	$ 1,000,000
						GENERAL AGGREGATE	$ 2,000,000
						PRODUCTS - COMP/OP AGG	$ 2,000,000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY EA ACC	$
						AGG	$
		EXCESS / UMBRELLA LIABILITY OCCUR CLAIMS MADE				EACH OCCURRENCE	$
						AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder is listed as an additional insured but only with respect to work performed by or on behalf of the named insured as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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