



Village of Cuyahoga Heights

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

CONTRACTOR REGISTRATION FORM

- 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



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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 _____

**FORM
48****Regional Income Tax Agency
Business Registration Form****800.860.7482
TDD 440.526.5332
ritaohio.com**

Access ritaohio.com to register electronically using MyAccount. Login to MyAccount to Add a Municipality or Add Subcontractor. These features allow you to report a new location or new subcontractor project electronically.

Municipality _____

Business Type

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> S-Corp | <input type="checkbox"/> Estate & Trust |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Sole Proprietor / LLC |
| <input type="checkbox"/> Partnership | |

Reason for Registration

- | |
|---|
| <input type="checkbox"/> Courtesy withholding for an employee's resident municipality |
| <input type="checkbox"/> Doing business within the municipality this year (temporary) |
| Approx. # of days _____ Start Date _____ |
| <input type="checkbox"/> Business with a fixed location |
| Date business began at this location _____ |

Company Information (List physical address of work performed within this municipality)

Name: _____	Federal ID #: _____
Address: _____	SSN : _____ (required if sole proprietor)
City/State/Zip: _____	
Mailing Address (for withholding tax forms / if different from above)	Mailing Address (for net profit tax forms / if different from above)
_____	_____
_____	_____

Please note that your Federal Identification Number will serve as your RITA account number.*Filing Status:**☐ Calendar year ☐ Fiscal year / month ending _____Do you have any employees? ☐ Yes ☐ No

Number of employees at RITA location _____

My withholding is filed under a 3rd party account (PEO or common paymaster) ☐ Yes ☐ No

If yes, list Federal ID # _____

Monthly gross payroll at RITA location \$ _____

I am a small employer (under \$500,000 in gross revenue during previous year) ☐ Yes ☐ No**Contractors**I am a contractor ☐ Yes ☐ NoWill you be using sub-contractors? ☐ Yes ☐ No

If yes, complete page 2.

Total contract amount of the project \$ _____

The Information Hereby Submitted is True and Correct.

Print Name _____

Title _____

Phone Number _____

Signature _____

Date _____

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

Mail to: RITA
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900**ritaohio.com****Call:** 800.860.7482, ext. 5008
TDD: 440.526.5332
Fax: 440.922.3536

Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
*If more space is needed, you may attach a separate schedule that includes ALL of the required information listed above.		

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

J. Nelson

J. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By

Paul T. Brufal

Paul T. Brufal, Vice President



STATE OF SOUTH DAKOTA } ss
COUNTY OF MINNEHAHA }

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



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 Obligor, in the penal

sum of _____ DOLLARS (_____),
lawful money of the United States, to be paid to the Obligor, 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 Obligor,

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 Obligor 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. Brufat, Senior Vice President

STATE OF: _____
COUNTY OF: _____

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

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 _____

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 _____

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 _____



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 ADDL LTS ISSD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (any one person) \$ 5,000 PERSONAL & AD INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROM AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LTD <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS / UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO (Mandatory in NJ) Phys disable limit SPECIAL PROVISIONS (below)				WC STATUS: OTHER TOBENLW IS: <input type="checkbox"/> YES <input type="checkbox"/> NO EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	OTHER				

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

ACORD 25 (2009/01)
INS025 (2003/01) C1

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