

City of Olmsted Falls
Department of Building and Zoning
26100 Bagley Road
Olmsted Falls, Ohio 44138-1897
440-235-1055

2015 Contractor Registration

1. Registration form **AND** RITA form filled out.
2. Check for One hundred (100.00) dollars - Payable to the City of Olmsted Falls
3. Copy of your Certificate of Insurance with minimum liability of \$500,000.00 **and shall have the City of Olmsted Falls as additional insured.**
4. Copy of State Licenses held by your company if applicable.
5. Self addressed stamped envelope for return of your registration. If no return envelope is provided, registration and/or permits will be kept in your contractor file in our office for pick-up by your company.

All of the Above must be submitted together.
Registration will not be processed until everything is submitted.

Contractor's Working Without Proper Registration
Will be CITED By Ordinance

When applying for permits and/or contractor registration in person or by mail, please include a self addressed stamped envelope for return of your permit and/or registration and receipt, otherwise your permit and /or registration and receipt will be filed in our office in your contractor file.

Separate checks for each permit and contractor registration are required.

Thank you!!!

DEPARTMENT OF BUILDING AND ZONING

26100 Bagley Road, Olmsted Falls, Ohio 44138
440.235.1055 Fax 440.235.8906

Dear Contractor:

Please be informed that all contractors, sub-contractors, firms, corporation or persons performing work in the City of Olmsted Falls are required by law to register and provide copies of their insurance policies to the City of Olmsted Falls Building Department prior to commencing any work. Ordinance 42-94 has added painting contractors, wallpapering contractors and landscapers to the list of those required to register. In addition, all required permits must be obtained and fees paid prior to commencing work.

Contractor registration fee is \$100.00 per year, effective January 1 of each year. Copies of the contractors insurance (minimum liability of \$500,000.00) shall have the City of Olmsted Falls named as additional insured. The fee and insurance shall be submitted to the Olmsted Falls Building Department either by mail or in person. Please enclose a self-addressed, stamped envelope when registering by mail and your registration will be mailed to you. If no stamped return envelope is provided, your registration will be held in your contractor file for pick-up by your company

**APPLICATION FOR CONTRACTOR'S REGISTRATION CERTIFICATE AS
REQUIRED BY ORDINANCE NUMBER 61-87 AND 42-94.
PLEASE PRINT ALL INFORMATION
THIS FORM MUST BE FILLED OUT COMPLETELY**

Company Name _____ Federal ID# _____ SS# _____

DBA _____ Type of work performed _____

Contact Person _____ Do You Sub Contract? _____

Office Address _____ City _____ State _____ Zip _____

Office Phone (____) _____ Cell Phone(____) _____ Fax(____) _____

Night Phone(____) _____ Home Address _____ State _____ Zip _____

E-Mail address _____

Registered by(other) _____ Tested by _____

Have you ever been refused registration, or had your registration suspended or revoked?
Yes _____ No _____ by whom _____

I/We so agree to abide by all codes, ordinance, laws and regulations of the City of Olmsted Falls Cuyahoga County, State of Ohio and the United States of America.

Signature _____ Title _____

**THANK YOU FOR YOUR COOPERATION. CONTRACTORS WORKING WITHOUT PROPER REGISTRATION
WILL BE CITED BY ORDINANCE.**

Do Not Write below this line

Payment enclosed \$ _____ Check# _____ Check Date _____ Date Rcvd _____

Receipt# _____ Insurance Expiration Date _____ Registration# _____

Registration For Year _____

**FORM
48**

**REGIONAL INCOME TAX AGENCY
Business Registration Form**

GENERAL INFORMATION

City of:

Federal ID No: Soc. Sec. No. (only if a sole proprietor):

Please fill-in your filing status: Sole Proprietor Partnership Non-Profit Corporation

Local Name and Address as Used for Business Purposes:

Business Name:

Address #: Suite:

Street Name:

City:

State: Zip: Phone:

If Corporate Subsidiary, Give Name and Address of Parent Company Main Office:

Business Name:

Address #: Suite:

Street Name:

City:

State: Zip: Phone:

If Sole Proprietorship, Give Owner's Name and Home Address:

Name:

Address #: Suite:

Street Name:

City:

State: Zip: Phone:

What date did you begin operations in RITA municipality (mm/dd/yy)?

Please List the Federal Business Activity Code or Fill-in the Oval that Best Describes the Activity:

Federal Business Activity Code:



Business Activity:

RITA

- Transportation
- Non-Manufacturing
- Manufacturing
- Wholesale
- Retail
- Finance
- Services
- Public Administration
- Non-Classification

EMPLOYEE INFORMATION

Do you have any employees? (Fill only one) Yes No Are sub-contractors utilized? (Fill only one) Yes No

If you have employees proceed with employee information. If you do not have employees, proceed to the profit/loss section.

Approx. No. of Employees: _____ Approx. Monthly Gross Payroll: \$ _____, _____.

Please contact our business regarding a voluntary residence withholding program. Yes No

Send Withholding Tax Form to:

Business Name: _____

Care of: _____

Address #: _____ Suite: _____

Street Name: _____

City: _____

State: _____ Zip: _____ - _____ Phone: _____ - _____

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 (mm/dd/yy): _____

Send the Net Profit Tax Return to:

Business Name: _____

Care of: _____

Address #: _____ Suite: _____

Street Name: _____

City: _____

State: _____ Zip: _____ - _____ Phone: _____ - _____

The Information Hereby Submitted is True and Correct.

Signature: _____ Print Name: _____

Date: _____ Title: _____ Phone: _____



FORM 48 B