

# Contractor's Registration

## PLEASE NOTE!

When applying for Contractor's Registration by mail or in person, everything must be enclosed:

1. Registration form **AND** RITA form filled out.
2. Check for Fifty (50.00) dollars - Payable to the City of Olmsted Falls
3. Original 1 year permit and license bond for \$5,000.00 **on your insurance's bond form.** If your Bond needs a signature-please sign it. Bond must be original, no faxes or copies will be accepted.
4. Copy of your Certificate of Insurance with minimum liability of \$500,000.00 **and shall have the City of Olmsted Falls as additional insured.**
5. Copy of State Licenses held by your company if applicable.
6. **You must enclose or bring with you a self addressed stamped envelope for return of registration and when applying for permits. 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**

**Olmsted Falls Building Department**  
**26100 Bagley Road**  
**Olmsted Falls, Ohio 44138-1897**  
**440-235-1055**

**DEPARTMENT OF BUILDING AND ZONING**

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, provide a bond, 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 \$50.00 per year, effective January 1 of each year. The required amount of the registration bond is \$5,000.00(on your insurance company bond form), and copies of the contractors insurance (minimum liability of \$500,000.00) shall have the City of Olmsted Falls named as additional insured. The fee, bond 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 \_\_\_\_\_

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.

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Do Not Write below this line

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

Receipt# \_\_\_\_\_ Insurance Expiration Date \_\_\_\_\_ Registration# \_\_\_\_\_

**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:



