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CITY OF MACEDONIA

Building, Engineering, Zoning & Planning Dept.
Sheldon Socoloff, Building Commissioner

2018 **ANNUAL** **CONTRACTOR/SUBCONTRACTOR REGISTRATION**

In order to register as a contractor working in the City of Macedonia, the following are to be sent AS A COMPLETE PACKAGE to the Macedonia Building Department:

1. **\$100.00 Registration Fee** (Checks payable to City of Macedonia)
2. **Bond** (obtained from Insurance Co., using Insurance Co.'s generic bond forms)
GENERAL CONTRACTOR - \$25,000.00 Bond
SUBCONTRACTOR - \$10,000.00 Bond

Faxed copies will **NOT** be accepted. Please provide the original, signed bond.

3. **Certificate of Insurance** naming the City of Macedonia as additional insured.
4. **Macedonia Contractor Application** completed and signed. Please do not include your social security number on the application.
5. **Regional Income Tax Agency (RITA) Form #48** (complete both sides and sign)
Contractors who registered in Macedonia in 2016 and 2017 do not need to submit the RITA tax form again. All others should complete and return this form. It can be obtained by visiting: <http://www.ritaohio.com/business/pdf/2008/form48.pdf>.
6. **Copies of Ohio State licenses** for plumbing, electric, HVAC, refrigeration, hydronics, and other State licensed contractors. These are required for all commercial contractors (Ohio HB 434. 9/5/05) and preferred for all residential contractors.
7. **Self-addressed stamped envelope** to return your valid registration. If not included, registration will not be mailed and must be picked up by contractor.

IF ALL PAPERWORK IS NOT INCLUDED, THE APPLICATION WILL BE RETURNED UNPROCESSED AND WILL DELAY YOUR ABILITY TO WORK IN MACEDONIA.

All Contractor Registrations expire on the last day of the calendar year.

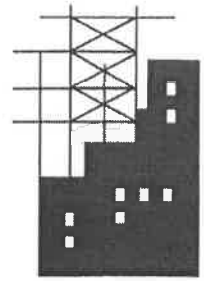
The Crossroads of Northeast Ohio



CITY OF MACEDONIA

The Crossroads of Northeast Ohio

9691 Valley View Road • Macedonia, Ohio 44056
330 / 468-8360 • Fax: 330 / 468-8396



Building Department

CONTRACTOR/SUBCONTRACTOR REGISTRATION APPLICATION

DATE: _____

COMPANY NAME: _____ PHONE: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FEDERAL ID NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

OWNERS NAME: _____ PHONE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I HEREBY MAKE APPLICATION TO REGISTER AS A (CHECK ALL THAT APPLY) CONTRACTOR WITHIN THE CITY LIMITS OF MACEDONIA, OHIO; IN ACCORDANCE WITH CHAPTER 1361 AND SECTION 181.19 OF THE CODIFIED ORDINANCES OF THE CITY OF MACEDONIA.

- | | |
|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> General | <input type="checkbox"/> Lot Clearing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Mason |
| <input type="checkbox"/> Cement/Concrete/Asphalt | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Plumbing and Piping |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Excavating/Trenching | <input type="checkbox"/> Remodeling |
| <input type="checkbox"/> Floor Covering | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Garage Door | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Gutter Installation | <input type="checkbox"/> Sprinklers |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Landscaping | |

Applicant Name: _____

(Please print)

Signature of applicant: _____ Date: _____

★ Service ★ Commitment ★ Pride ★



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: _____

CONTRACTOR INFORMATION

MUNICIPALITY: _____
 ADDRESS OF CONSTRUCTION SITE: _____

BUILDING PERMIT #: _____
 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
BCR 0021-12-01-02						
BCR 0021-12-01-02						
BCR 0021-12-01-02						
BCR 0021-12-01-02						
BCR 0021-12-01-02						
BCR 0021-12-01-02						
BCR 0021-12-01-02						

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 LOCAL: (440) 526-0900
 COLUMBUS LOCAL: (614) 538-0512
 YOUNGSTOWN LOCAL: (330) 743-3400

TDD: (440) 526-5332
 TOLL FREE: 1-(800) 860-RITA (7482)
 FAX: (440) 526-3136