



City of Macedonia

The Crossroads of Northeast Ohio

9691 Valley View Road • Macedonia, Ohio 44056
(330) 468-8360 • FAX (330) 468-8396

Building/Engineering/Zoning/Planning Department

CONTRACTOR / SUBCONTRACTOR REGISTRATION REQUIREMENTS

The following are required for Contractor Registration in the City of Macedonia. **ALL INCOMPLETE** registrations submissions will be returned to the applicant.

1. [Contractor Registration Application](#) completed and signed. Please do not include your social security number on the application.
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. [Regional Income Tax Agency \(RITA\) Registration Form #48](#).
5. **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.
6. **\$100.00 Registration Fee** (Check payable to City of Macedonia).
7. **Self-addressed stamped envelope** to return your valid registration. If no envelope is provided, the registration will be emailed to the email address on the application.

ALL REGISTRATIONS EXPIRE ON DECEMBER 31ST OF EACH YEAR



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CONTRACTOR / SUBCONTRACTOR REGISTRATION APPLICATION

Federal ID #: _____ Date: _____

Company Name: _____ Phone: _____

Company Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Owner Name: _____ Owner Phone: _____

Owner 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 and Title: _____

Applicant Signature: _____ Date: _____

Municipality _____

Business Type

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

Reason for Registration

- Courtesy withholding for an employee's resident municipality
- Doing business within the municipality this year (temporary)
Approx. # of days _____ Start Date _____
- 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 : _____ <small>(required if sole proprietorship)</small>
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 No

Will 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: 440.526.3136

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
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	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.		