SEAN BRENNAN
Chief Housing and Zoning Inspector

City of Willowick

31230 VINE STREET
WILLOWICK, OHIO 44095

BUILDING DEPARTMENT
Phone: 440-516-3000
Fax: 440-585-3776
Email: sbrennan@cityofwillowick.com

NOTE:

ALL PAPERWORK DOCUMENT INFORMATION (COMPANY NAME, ADDRESS, ETC.) MUST CORRESPOND/MATCH IDENTICALLY WITH EACH OTHER (APPLICATION, BOND, INSURANCE, ETC.)

Dear Contractor:

Please be advised that we do not accept incomplete contractor application(s) and/or documents.

THE PAPERWORK NEEDED TO REGISTER IN THE CITY IS AS FOLLOWS:

(1) A completed and notarized contractor registration application.
(2) A complete original bond form **(must have a raised stamp or gold seal)** and power of attorney.
(3) Current insurance with the City of Willowick listed as additionally insured.
(4) A completed contractor R.I.T.A form.
(5) If indicating "no" to having Bureau of Workers' Compensation please complete and notarize the included exemption form.
(6) State License (if applicable).
(7) The $100.00 registration fee.

If you have any questions, please do not hesitate to call.

Sincerely,

Sean Brennan

Sean Brennan

Chief Zoning & Housing Inspector

SB/hkb

CITY OF WILLOWICK BUILDING DEPARTMENT
31230 VINE STREET
WILLOWICK, OH 44095
440-516-8000

REVISED
(2/02/22)

APPLICATION FOR CONTRACTOR REGISTRATION

FEE $100.00

AS A _____ CONTRACTOR
CITY OF WILLOWICK

To the Building Inspector: **Date:** _____

I/We do hereby make application for a Certificate of Registration to engage in the business of:

_____

Examples: Contractor – Electrical Contractor – HVAC Contractor – Sewer Contractor – Fencing Contractor – Plumbing

within the corporation limits of the City of Willowick, in accordance with the requirements of Chapter 751 of the Codified Ordinance of the City of Willowick.

I, _____
(applicant – print name)

residing at _____
(applicant's address)

represent myself as authorized by _____
(name of company)

doing business at _____
(address of company) **(phone number)**

Email address: _____

Business Organization: ***Check one:*** Corporation ( ) Partnership ( ) Proprietorship ( )

I represent that the following are officers of said company:
(furnish names, title and address)

_____

_____

_____

As further evidence of my authority, I herewith submit the following:

_____
(copy of corporation minutes, documents, etc.)

If partnership or proprietorship, explain fully: _____

_____

Experience and training which qualifies me/us for Certificate of Registration are as follows: (State fully your training or schooling, past employment or business associates, years or actual experience at trade, etc.)

_____

_____

I/we have Bureau of Workers Compensation (check one)

YES ( )
(If yes, please initial as acknowledgement) _____

OR

NO ( )
(If no, please complete and notarize the attached BWC exception form)

Federal Employer's Identification Number: _____
Social Security Number: (If sole proprietor): _____

I/we do hereby certify that I/we have read the provisions of the Codified Ordinance of the City of Willowick, that I/we are fully aware of the requirements of the same, and that in the event that I/we are required to sublet work that I/we agree only registered contractors, and that any misrepresentations of data or facts will be cause for refusal of Certificate of Registration or revocation of Certificate when issues and that I/we shall abide by all rules and regulations required.
The following names as reference are not related to me:

Name	Address	Occupation

_____
Signature of applicant

AFFIDAVIT

County of Lake)
) SS
State of Ohio)

On this _____ day of _____, _____

Before me, a Notary Public in and for the State of Ohio, personally appeared

_____ to me known to be the person herein
(NAME OF APPLICANT)

Described and having signed the above application and on oath swears (or affirms) that all statements herein made, are true to the best of his knowledge or belief.

_____
NOTARY PUBLIC

(NOTARY SEAL)

Revised as of 12/1/97 **Attach Power of Attorney**

CONTRACTOR'S BOND

CITY OF WILLOWICK

Know All Men by These Presents, That _____

as principal and _____ as surety are held and firmly bound unto the City of Willowick, or to any of its officers, for the use of any person, persons, firm or corporation with whom such principal shall contract to construct, alter, repair, add to, subtract from, reconstruct or remodel any building, structure or appurtenance thereto or any part thereof, in accordance with the provisions and the requirements of the Building Code of the City of Willowick, in the penal sum of Fifteen Thousand Dollars ($15,000) lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this _____ day of _____, _____.

The conditions of the above obligation are such, that, whereas the above bound _____ has made application to the Building Inspector for a Certificate of Registration as a contractor to engage in the business to construct, alter, repair, add to, subtract from, reconstruct, or remodel any building, structure or appurtenance thereto or any part thereof as required by the Building Code of Willowick during the year beginning _____ and ending, December 31, 20____.

Now, Therefore, if the said _____ shall well and truly indemnify, save harmless and defend the City of Willowick, or any of its agents or officials from and against all and any liabilities, losses, obligations, claims, damages, penalties, suits, actions, judgments, costs and expenses of whatsoever nature which are incurred or brought against the City of Willowick or its agents or officials, and for the use of any person, persons, firm, or corporation with whom such contractor shall contract to do work, and shall indemnify and pay any such person, firms or corporations, for damage sustained on account of the failure of such contractor to perform the work so contracted for in accordance with the provisions of the Building Code of Willowick, and any and all lawful rules and regulations, promulgated under the authority thereof, and from or by reason or on account of anything done under and by virtue of any permits issued under such registration for the doing of any work required to be done in the construction, alteration, repair, addition to, subtraction from, reconstruction or remodeling of any building, structure or appurtenance thereto or any part thereof, then this obligation shall be null and void, otherwise, to remain in full force and effect.

Company Name: _____

Principal: _____ (Seal)
(signature)

Title: _____

Address: _____

Surety: _____

Address: _____

By: _____
Attorney-In-Fact

The Form and Correctness of the
Within Instrument is Hereby Approved.

_____
Director of Law

Date: _____

CITY OF WILLOWICK

BUREAU OF WORKER'S COMPENSATION EXEMPTION FORM

I, _____, hereby claim that I am the sole
(Print name)

proprietor of the afore-mentioned business, _____
(Company name)

_____, and am exempt from participating in Bureau of

Workers' Compensation.

_____ _____

(Date) (Signature of Business Owner)

****

SWORN BEFORE ME AND SUBSCRIBED IN MY PRESENCE ON THIS _____
DAY OF _____, _____.

NOTARY PUBLIC _____

FORM 48

Regional Income Tax Agency
Business Registration Form

RITA
REGIONAL INCOME TAX AGENCY

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

- ☐ 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 : _____
(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 ☐ 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: 440.922.3536

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.