CITY OF SALEM

Contractor/Subcontractor/1099 Employee Registration Form

Codified Ordinances Chapter 1145

◊ **YOU MUST COMPLETE THE 5 STEPS BELOW TO APPLY OR RENEW THE ANNUAL CONTRACTOR REGISTRATION.**

◊ **TO RENEW, RENEWALS & NEW APPLICANTS MUST SUBMIT AN INSURANCE CERTIFICATE**

YEAR FILING

1 PRINT ALL INFORMATION

IF YOU HAVE A STATE OF OHIO CONTRACTOR LICENSE ENTER THE LICENSE NUMBER HERE: _____

TYPE OF CONTRACTOR: (General/Plumbing/Electrical, etc.) _____

List the location where you are working: _____

E-mail ADDRESS: _____

Business Owner's NAME: _____

Doing Business As (Business Name): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

2

COMPLETE THE ENCLOSED **RITA TAX FORM (Form 48)**.

3

COMPREHENSIVE GENERAL LIABILITY INSURANCE:

MINIMUM REQUIRED: $500,000.00 (FIVE HUNDRED THOUSAND DOLLARS) EACH OCCURRENCE COMBINED SINGLE LIMIT FOR BODILY INJURY AND PROPERTY DAMAGE LIABILITY.....MUST BE CURRENT FOR THE ENTIRE PERIOD OF THIS REGISTRATION.....YOU MUST ATTACH A COPY OF YOUR CERTIFICATE WITH THE CITY OF SALEM LISTED AS A CERTIFICATE HOLDER.

YOUR INSURANCE AGENCY: _____ PHONE: _____

4

DO YOU PARTICIPATE IN THE OHIO WORKER'S COMPENSATION PROGRAM: YES ☐ NO ☐

IF YES, YOU MUST ATTACH A COPY OF YOUR CURRENT CERTIFICATE.

5

FEES: **$150.00** New & Renewals

MAKE CHECK PAYABLE TO: **CITY OF SALEM**

if mailing: mail this form & RITA Tax Form & Ins. Cert & Comp Cert.. & check **to:**

CONTRACTOR REGISTRATION
City of Salem Zoning Office
231 S. Broadway Ave.
Salem, OH 44460

Signature _____ *Print Name* _____

If you would like to submit your registration on line, go to:
⇒ www.cityofsalemohio.org / Government Tab / Planning & Zoning / Portal Links / Contractor Licensing Portal.

TELEPHONE: 330-332-4241...EXT 3 **FAX: 330-332-1767**
aschrenk@cityofsalemohio.org or reception@cityofsalemohio.org

FORM 48

Regional Income Tax Agency
Business Registration Form

RITA
REGIONAL INCOME TAX AGENCY

800.860.7482
TDD 440.526.5332
ritaohio.com

Municipality

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.

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.

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