Village of Moreland Hills

4350 SOM Center Road, Moreland Hills, Ohio 44022
440-248-1188
http://morelandhills.com

CONTRACTOR REGISTRATION

All registrations are valid thru December 31 of the current calendar year

- Contractors must register annually using the appropriate form provided by the Village of Moreland Hills Building Department. ***Note: All contractors doing work within the Village are required to register with the Village no matter if they are performing Residential or Commercial work.***

- The following contractors are registered annually (January – December) at a fee of $100:
  - **Electrical –** requires copy of State of Ohio Electrical License
  - **Gas Piping** – requires copy of State of Ohio Plumbing or HVAC License
    - **Note**: a registered HVAC or Plumbing contractor can install Gas Piping and obtain any required permits for Gas Piping.
  - **HVAC –** requires copy of State of Ohio HVAC License
  - **Hydronics** – requires copy of Ohio Hydronics License
    - **Note**: for residential work only a registered HVAC or Plumbing contractor can obtain any required permits for Hydronics.
  - **Fire Safety** – Includes; Fire Alarm, Fire Suppression & Fire Sprinkler. – requires copy of State Fire Marshal company annual certificate.
  - **General** – All other contractors not listed above. *(Example - General Contractors, Roofers, Excavators, Septic, Concrete and Paving, Tree Trimming/ Removal, Painting, Siding & Windows, Etc.)*
  - **Plumbing –** requires copy of Ohio Plumbing License
  - **Refrigeration –** requires copy of Ohio Refrigeration License

- **Registration Requirements***: The following items must be received at one time in order to process the registration request.*
  - Registration Application Form.
  - R.I.T.A. TAX Form. **Mandatory, must be signed**
  - $20,000 Bond – Standard Form from Your Insurance Co. **We must receive the original, signed bond.** ***Note:*** *If applying for multiple registrations (i.e. more than one trade), the total amount can be on one bond. (two registrations; two $20,000 bonds or one $40,000 bond)*
  - Certificate of Liability Insurance: (List Village of Moreland Hills as additional Insured)
    - $100,000 - $300,000 Liability Insurance.
    - $50,000 Property Damage Insurance.
  - $100 Registration Fee. ***Makes checks payable to The Village of Moreland Hills***
  - Please enclose a self-addressed stamped envelope if registering by mail.

Year _____

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CONTRACTOR REGISTRATIONS MUST BE RENEWED JANUARY 1ST OF EACH YEAR

I, _____ HEREBY MAKE APPLICATION FOR

REGISTRATION AS A _____.(TRADE)

COMPANY NAME _____

FEDERAL ID# _____ (REQUIRED FIELD)

ADDRESS _____CITY _____STATE ____ ZIP _____

OFFICE PHONE_____CELL PHONE_____

EMAIL _____

Please include:

- $20,000 bond per trade registered; either
  - **Original, signed** bond; or
  - Bond Continuation Certificate, if applicable
- Certificate of Liability Insurance – Moreland Hills named as additional Insured
  - Minimum $100,000 - $300,000 Liability Insurance
  - Minimum $50,000 Property Damage Insurance
- Copy of current State of Ohio License for the following trades – Electric, HVAC, Plumbing, Hydronics, Fire Safety, Refrigeration
- RITA tax form; **mandatory, must be signed**
- $100 registration fee; please ***make checks payable to Village of Moreland Hills***

ARE YOU REGISTERED OR LICENSED IN ANY OTHER CITY ____;
IF YES, WHERE ?: _____

PRESENT JOB SITE IN MORELAND HILLS:
_____

SIGNATURE OF APPLICANT _____

Rev 11/2025

FORM 48

Regional Income Tax Agency
Business Registration Form

RITA
REGIONAL INCOME TAX AGENCY

800.860.7482
TDD 440.526.5332
ritaohio.com

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: _____

Address: _____

City/State/Zip: _____

Federal ID #: _____

SSN : _____
(required if sole proprietor)

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
	EIN or Social Security #	Trade

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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.