VILLAGE OF GRAFTON
960 Main Street
Grafton, Ohio 44044

TO: ALL CONTRACTORS/SUBCONTRACTORS
FROM: VILLAGE OF GRAFTON BUILDING DEPARTMENT
SUBJECT: REGISTRATION (ORDINANCE NO. 13-001)

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All persons/companies doing work in the Village of Grafton must be registered with the Village. Enclosed are your registration application forms.

1. Fill in the forms **COMPLETELY**. Do not leave any lines blank ("renewal" is not an acceptable response.)

2. Have your insurance company attach a copy of your Certificate of Insurance with the **Village of Grafton** listed as Certificate Holder.

3. Attach a check for $75.00 payable to the "Village of Grafton". **BE ADVISED THAT WORK STARTED PRIOR TO REGISTRATION REQUIRES REGISTRATION FEE TO BE DOUBLED... AND PERMIT FEE TO BE DOUBLED.**

4. Complete the Regional Income Tax Form. The completion of this form is not optional. If receipt is requested, include a self-addressed stamped envelope.

5. If you are a contractor registering as an **Electrical, HVAC, Plumbing, Hydronic, Fire Alarm or Fire Suppression/Sprinkler Contractor**, you MUST include a VALID/CURRENT copy of your State Qualification Certificate.

6. A copy of Worker's Compensation Certificate.

7. MAIL THIS ENTIRE REGISTRATION PACKET TO THE VILLAGE OF GRAFTON 960 Main Street, Grafton, Ohio 44044.

NOTE: INCOMPLETE PAPERWORK WILL BE RETURNED AND YOUR REGISTRATION REQUEST **REJECTED** UNTIL FULL COMPLIANCE IS MET.

VILLAGE OF GRAFTON
960 MAIN STREET
GRAFTON, OHIO 44044
BUILDING DEPARTMENT (440) 926-2401

APPLICATION FOR CONTRACTOR'S REGISTRATION

PRINT NAME OF CONTACT PERSON: _____

NAME OF COMPANY (DBA): _____

PHONE: _____ FAX: _____ CELL: _____

E-MAIL: _____ FED ID: _____

ADDRESS OF OFFICE/HOME: _____

CITY: _____ STATE: _____ ZIP: _____

CHECK TYPE OF REGISTRATION
Please check all that apply:

___ General Contractor
___ Masonry/Brick Veneer
___ HVAC Contractor*
___ Fire Alarm*
___ Fence Installer
___ Demolition/Movers
___ Hydronic*
___ Excavation/Grading
___ Electrical Contractor*
___ Roofing Installer
___ Cement/Asphalt/Paving
___ Pool Installer
___ Sewer Installer
___ Framing/Carpentry
___ Plumbing Contractor*
___ Window/Door/Glazing
___ Drywall/Lathing/Plastering
___ Fire Suppression/Sprinkler*
___ Sign Erector

* STATE LICENSE NO.: _____ WORKERS' COMP NO.: _____
* Requires a State License – (Electrical, HVAC, Hydronic, Plumbing, Fire Suppression/Sprinkler, Fire Alarm)

NOTE: ALL REGISTRATION LIMITED TO THE CALENDAR YEAR OF ISSUANCE.

REGISTRATION FEE: **$75.00 PER CALENDAR YEAR**
I agree to have all subcontractors working under this registration to also register as subcontractors with the Village of Grafton. I also agree to notify the Village of Grafton of any independent (IRS Form 1099) or temporary workers in my employ (See ACO Section 880.15).
I hereby agree to conditions of this Registration and comply with all Ordinances of the Village of Grafton and the laws of the State of Ohio, relating to work to be done thereunder, and said agreement is a condition of the Registration.
APPLICANT'S SIGNATURE _____ DATE _____
****

TO BE COMPLETED BY VILLAGE OF GRAFTON BUILDING DEPARTMENT

FEE AMOUNT PAID _____ RECEIPT NO. _____ DATE _____

REGISTRATION APPROVED _____ REGISTRATION DENIED _____

CBO _____ DATE _____

REASON FOR DENIAL: _____

_____

www.ritaohio.com

BUSINESS REGISTRATION FORM 48

_____
MUNICIPALITY

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: _____

REGIONAL INCOME TAX AGENCY
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900 BROADVIEW HEIGHTS, OH 44147-7900

CLEVELAND TOLL FREE: (800) 860-RITA (7482)
COLUMBUS TOLL FREE: (866) 721-RITA (7482) TDD: (440) 526-5332
YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482 FAX: (440) 526-3136

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
CONTRACTOR							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							

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

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