CITY OF NAPOLEON

Building & Zoning Division
255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545
Phone: 419-592-4010 - Fax: 419-599-8393

CONTRACTOR REGISTRATION FORM

PLEASE PRINT CLEARLY

☐ ***NEW*** ☐ ***RE-REGISTER for 20_____***

COMPANY NAME: _____ DATE:_____

CONTACT PERSON:_____

BUSINESS ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE #: _____ FAX #: _____ CELL #:_____

EMAIL: _____ *Email Correspondence: ☐ Yes ☐ No
*Correspondence, permits, reminder notices, etc. will be sent electronically instead of by mail.

COMMERCIAL GENERAL LIABLITY INSURANCE is required in order to qualify to perform work in the city of Napoleon. The minimum coverage shall be **$1,000,000 General Aggregate, $500,000 Each Occurrence, $500,000 Personal Injury.** Please have your agent forward a certificate of insurance and be sure to name, City of Napoleon as the holder.

Please check the type of work you are qualified to perform based on your experience

Commercial ☐ Residential ☐ Industrial ☐

General Contracting ☐	Home Builder ☐	Remodeling ☐	Roofing ☐
Siding ☐	Windows ☐	Gutters ☐	Electrical ☐
Plumbing ☐	Heating ☐	Venting ☐	A/C ☐
Refrigeration ☐	Sewer ☐	Sign Builder ☐	Fencing ☐
Landscaping ☐	Painting ☐	Cabinet Builder ☐	Pools ☐
Accessory Structures (Wood Frame, Steel Frame) ☐		Masonry/Concrete ☐	Foundation Walls ☐
Repairs/Waterproofing ☐	Lawn Sprinklers ☐	Fire Sprinklers ☐	Other:_____

Arborists ☐ (Must provide proof of Insurance $300,000 bodily injury & $300,000 property damage, & proof of W/C insurance)

1. How many years of experience do you have doing the type of work as indicated above? _____
2. How long has your company been in business? _____
3. How long has your company been under current ownership? _____
4. Do you have employees? Y☐ N☐ If yes please provide a copy of your workers comp certificate.
5. Do you have subcontractors? Y☐ N ☐. If yes each subcontractor must complete a contractor registration form.

If the information of this form is found to be satisfactory a contractor license will be issued. Contractor licenses are valid for one calendar year at the cost of **$25.00.**

This form will not be accepted unless it is signed by an authorized person of the firm listed above.

_____ _____
Firm-Authorized Signature Date **Print** Name & Title

Building/Zoning Office Use Only

Batch# _____ Check# _____ Date _____ Contractor # _____

City of NAPOLEON, OHIO

INCOME TAX DEPARTMENT

255 WEST RIVERVIEW AVENUE – P.O. BOX 151
NAPOLEON, OHIO 43545-0151
PHONE: 419-599-2821 – FAX: 419-592-6748
E-MAIL: naptax@napoleonohio.com
CITY WEBSITE: napoleonohio.com/finance.html

Dear Employer:

The City of Napoleon has an income tax rate of one point five percent (1.5%). This refers to **Qualifying Wages** and **Net Income Earned** in the City of Napoleon city limits. Please complete and return the enclosed questionnaire promptly to the above address so that an account may be established in your company's name.

The filing deadlines for withholding tax are as follows:

Quarter Filing	Quarter Due Date
January - March	April 30
April - June	July 31
July - September	October 31
October - December	January 31

The W2 reconciliation and any 1099-Misc issued for work performed in Napoleon are due on February 28.

If you have any questions, please feel free to call the number listed above.

Thank you, in advance, for your cooperation.

City of Napoleon Income Tax Department

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: _____

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: 440.922.3536

Sub-contractor Name / Address		
	Contact Name	$ Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade

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	Contact Name	$ Contract Amount
	Phone Number	Estimated Start Date
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*If more space is needed, you may attach a separate schedule that includes ***ALL*** of the required information listed above.