



# City of Macedonia

## The Crossroads of Northeast Ohio

9691 Valley View Road • Macedonia, Ohio 44056  
(330) 468-8360 • FAX (330) 468-8396

Building/Engineering/Zoning/Planning Department

## CONTRACTOR / SUBCONTRACTOR REGISTRATION REQUIREMENTS

The following are required for Contractor Registration in the City of Macedonia.  
**ALL INCOMPLETE** registrations submissions will be returned to the applicant.

1. **Contractor Registration Application** completed and signed. Please do not include your social security number on the application if mailing it in.
2. **Bond** (obtained from Insurance Co., using Insurance Co.'s generic bond forms)  
GENERAL CONTRACTOR - \$25,000.00  
SUBCONTRACTOR- \$10,000.00  
  
\*\*We require a new bond, or a copy of a current bond any time when submitting for registration. Continuation certificates are also acceptable.\*\*
3. **Certificate of Insurance** naming the City of Macedonia as additional insured.
4. **Regional Income Tax Agency (RITA) Registration Form #48.**
5. **Copies of Ohio State licenses** for plumbing, electric, HVAC, refrigeration, hydronics, and other State licensed contractors. These are required for all commercial contractors (Ohio HB 434. 9/5/05) and preferred for all residential contractors.
6. **\$100.00 Registration Fee** (Check payable to City of Macedonia). Cash or credit accepted when not mailing paperwork in.
7. **Self-addressed stamped envelope** to return your valid registration. If no envelope is provided, the registration will be emailed to the email address on the application. This if for mailed-in applications only.

**ALL REGISTRATIONS EXPIRE ON DECEMBER 31<sup>ST</sup> OF EACH YEAR**



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### CONTRACTOR / SUBCONTRACTOR REGISTRATION APPLICATION

Federal ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I HEREBY MAKE APPLICATION TO REGISTER AS A (CHECK ALL THAT APPLY) CONTRACTOR WITHIN THE CITY LIMITS OF MACEDONIA, OHIO, IN ACCORDANCE WITH CHAPTER 1361 AND SECTION 181.19 OF THE CODIFIED ORDINANCES OF THE CITY OF MACEDONIA.

- |  |  |
|--|--|
| <input type="checkbox"/> General                 | <input type="checkbox"/> Lot Clearing        |
| <input type="checkbox"/> Carpentry               | <input type="checkbox"/> Mason               |
| <input type="checkbox"/> Cement/Concrete/Asphalt | <input type="checkbox"/> Painting            |
| <input type="checkbox"/> Drywall                 | <input type="checkbox"/> Plumbing and Piping |
| <input type="checkbox"/> Electrical              | <input type="checkbox"/> Refrigeration       |
| <input type="checkbox"/> Excavating/Trenching    | <input type="checkbox"/> Remodeling          |
| <input type="checkbox"/> Floor Covering          | <input type="checkbox"/> Roofing             |
| <input type="checkbox"/> Garage Door             | <input type="checkbox"/> Snow Removal        |
| <input type="checkbox"/> Gutter Installation     | <input type="checkbox"/> Sprinklers          |
| <input type="checkbox"/> HVAC                    | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Landscaping             |  |

Applicant Name and Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 : _____ <small>(required if sole proprietorship)</small>
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.

<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	_____	_____
	Phone Number	Estimated Start Date
	_____	_____
	EIN or Social Security #	Trade
	_____	_____
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	_____	_____
	Phone Number	Estimated Start Date
	_____	_____
	EIN or Social Security #	Trade
	_____	_____
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	_____	_____
	Phone Number	Estimated Start Date
	_____	_____
	EIN or Social Security #	Trade
	_____	_____
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	_____	_____
	Phone Number	Estimated Start Date
	_____	_____
	EIN or Social Security #	Trade
	_____	_____
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	_____	_____
	Phone Number	Estimated Start Date
	_____	_____
	EIN or Social Security #	Trade
	_____	_____
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	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 <b>ALL</b> of the required information listed above.		