



## REGISTRATION – CITY OF OBERLIN

**NOTE:** The registration will not be completed if one of the items below has not been completed or enclosed.

\*\*\*\*\***BONDS ARE NO LONGER NEEDED**\*\*\*\*\*

1. **Registration Fees** are assessed for each trade checked on application form up to and including a total of four (4) maximum.

**Initial Application Fee** - single trade or sub trade                      \$100.00  
+ Each additional trade or sub trade checked (up to 3)                      \$ 75.00 each  
(Total for 4 \$325.00)

**Renewal Application Fee** - single trade or sub trade                      \$ 75.00  
+ Each additional trade or sub trade checked (up to 3)                      \$ 50.00  
(Total for 4 \$225.00)

2. Completed application form. (attached)
3. A **CURRENT** copy of State License for Electrical, HVAC, Plumbing, Hydronic/Boiler and Refrigeration.
4. Certificate of Insurance (\$300,000/\$500,000 for liability and in the amount of \$100,000 for property damage) naming the City as **ADDITIONALLY INSURED.**
5. Completed Regional Income Tax Agency (RITA) form for initial application. (attached)

**Submittal by mail must include a Self-Addressed Stamped Envelope.** If not included, registration will not be returned by mail.

Planning & Development • 69 S. Main Street, 2<sup>nd</sup> Floor • Oberlin, OH 44074

• (P) 440.775.7182 • (F) 440.774.9714 •

sphillips@cityofoberlin.com

Revised 03/27/19



**CITY OF OBERLIN**  
**APPLICATION FOR CONTRACTOR & SUBCONTRACTOR REGISTRATION**  
**69 South Main Street, Oberlin, Ohio, 44074**  
**(440)775-7182 Fax#: (440)774-9714**

- Initial Application (Enclose \$100.00 for initial registration and \$75.00 for each additional trade/maximum additional trade \$225.00 plus initial)
- Annual Renewal (Enclose \$75.00 for renewal registration and \$50.00 for each additional trade/maximum additional trade \$150.00 plus renewal) **(example: \$75 Renewal + \$50 additional trade + \$50 additional trade = \$175)**

I/We \_\_\_\_\_

Business Name/DBA: \_\_\_\_\_

With principal offices located at: \_\_\_\_\_  
 (Number & Street)

\_\_\_\_\_  
 (City, State, Zip Code) (Telephone Number)

Federal I.D. Number/S.S.N.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Do hereby make application for the following Trade Registrations as checked below (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Building Contractor (General) | <input type="checkbox"/> Building Moving Contractor      | <input type="checkbox"/> *Electrical Contractor                   |
| <input type="checkbox"/> Roofing Contractor            | <input type="checkbox"/> Lawn Sprinkler Contractor       | <input type="checkbox"/> *Plumbing Contractor                     |
| <input type="checkbox"/> Sign Contractor               | <input type="checkbox"/> Swimming Pool Contractor        | <input type="checkbox"/> *Mechanical Contractor "HVAC"            |
| <input type="checkbox"/> Siding Contractor             | <input type="checkbox"/> Waterproofing Contractor        | <input type="checkbox"/> *Hydronic/Boiler                         |
| <input type="checkbox"/> Glazing Contractor            | <input type="checkbox"/> Excavating & Paving Contractor  | <input type="checkbox"/> *Refrigeration                           |
| <input type="checkbox"/> Landscaping Contractor        | <input type="checkbox"/> Concrete & Masonry Contractor   | <input type="checkbox"/> *Fire Equipment Installer (State# _____) |
| <input type="checkbox"/> Fencing Contractor            | <input type="checkbox"/> Sewer & Potable Water Installer | <input type="checkbox"/> Plastering/Drywall/Painting Contractor   |
| <input type="checkbox"/> Insulation Contractor         | <input type="checkbox"/> Home Improvement Contractor     | <input type="checkbox"/> Other _____                              |

**\*Must have license from State of Ohio**

**\*Must provide certificate from State Fire Marshall's Office**

- A Corporation       Co-partnership       A Proprietorship

President's Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Vice President's Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Have you ever pulled permits or been registered with the City of Oberlin? Yes \_\_\_\_\_ No \_\_\_\_\_

List other cities you have worked as a contractor within past two years: \_\_\_\_\_

One insurance certification may be used for multiple registrations but must indicate on certification.

**\*\*Please submit: Fee/Certificate of Insurance with City of Oberlin named as additionally insured, a copy of state license (as required) with this application. (If applying by mail, include self-addressed stamped envelope or pick up registration.)\*\***

Incomplete applications will be returned and will delay processing.

\_\_\_\_\_  
 (Signature of Applicant) (Date) (Title)

**FORM 48**

Regional Income Tax Agency  
Business Registration Form



800.860.7482  
TDD 440.526.5332  
ritaohio.com

CITY OF OBERLIN

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**

**Reason for Registration**

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

- 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



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