



SEAN BRENNAN
Chief Housing and Zoning Inspector

City of Willowick

31230 VINE STREET
WILLOWICK, OHIO 44095

BUILDING DEPARTMENT
Phone: 440-516-3000
Fax: 440-585-3776
Email: sbrennan@cityofwillowick.com

NOTE:

**ALL PAPERWORK DOCUMENT INFORMATION (COMPANY NAME, ADDRESS, ETC.)
MUST CORRESPOND/MATCH IDENTICALLY WITH EACH OTHER (APPLICATION, BOND,
INSURANCE, ETC.)**

Dear Contractor:

Please be advised that we do not accept incomplete contractor application(s) and/or documents.

THE PAPERWORK NEEDED TO REGISTER IN THE CITY IS AS FOLLOWS:

- (1) A completed and notarized contractor registration application.
- (2) A complete original bond form (**must have a raised stamp or gold seal**) and power of attorney.
- (3) Current insurance with the City of Willowick listed as additionally insured.
- (4) A completed contractor R.I.T.A form.
- (5) If indicating "no" to having Bureau of Workers' Compensation please complete and notarize the included exemption form.
- (6) State License (if applicable).
- (7) The \$100.00 registration fee.

If you have any questions, please do not hesitate to call.

Sincerely,

Sean Brennan

Chief Zoning & Housing Inspector

SB/hkb

CITY OF WILLOWICK BUILDING DEPARTMENT
31230 VINE STREET
WILLOWICK, OH 44095
440-516-3000

REVISED
(2/02/22)

APPLICATION FOR CONTRACTOR REGISTRATION
FEE \$100.00

AS A _____ CONTRACTOR
CITY OF WILLOWICK

To the Building Inspector:

Date: _____

I/We do hereby make application for a Certificate of Registration to engage in the business of:

Examples: Contractor – Electrical Contractor – HVAC Contractor – Sewer Contractor – Fencing Contractor – Plumbing

within the corporation limits of the City of Willowick, in accordance with the requirements of Chapter 751 of the Codified Ordinance of the City of Willowick.

I, _____
(applicant – print name)

residing at _____
(applicant's address)

represent myself as authorized by _____
(name of company)

doing business at _____
(address of company) (phone number)

Email address: _____

Business Organization: Check one: Corporation () Partnership () Proprietorship ()

I represent that the following are officers of said company:
(furnish names, title and address)

As further evidence of my authority, I herewith submit the following:

(copy of corporation minutes, documents, etc.)

If partnership or proprietorship, explain fully: _____

Experience and training which qualifies me/us for Certificate of Registration are as follows: (State fully your training or schooling, past employment or business associates, years or actual experience at trade, etc.)

CONTRACTOR'S BOND

CITY OF WILLOWICK

Know All Men by These Presents, That _____

as principal and _____ as surety are held and firmly bound unto the City of Willowick, or to any of its officers, for the use of any person, persons, firm or corporation with whom such principal shall contract to construct, alter, repair, add to, subtract from, reconstruct or remodel any building, structure or appurtenance thereto or any part thereof, in accordance with the provisions and the requirements of the Building Code of the City of Willowick, in the penal sum of Fifteen Thousand Dollars (\$15,000) lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this _____ day of _____, _____.

The conditions of the above obligation are such, that, whereas the above bound _____ has made application to the Building Inspector for a Certificate of Registration as a contractor to engage in the business to construct, alter, repair, add to, subtract from, reconstruct, or remodel any building, structure or appurtenance thereto or any part thereof as required by the Building Code of Willowick during the year beginning _____ and ending, December 31, 20 _____.

Now, Therefore, if the said _____ shall well and truly indemnify, save harmless and defend the City of Willowick, or any of its agents or officials from and against all and any liabilities, losses, obligations, claims, damages, penalties, suits, actions, judgments, costs and expenses of whatsoever nature which are incurred or brought against the City of Willowick or its agents or officials, and for the use of any person, persons, firm, or corporation with whom such contractor shall contract to do work, and shall indemnify and pay any such person, firms or corporations, for damage sustained on account of the failure of such contractor to perform the work so contracted for in accordance with the provisions of the Building Code of Willowick, and any and all lawful rules and regulations, promulgated under the authority thereof, and from or by reason or on account of anything done under and by virtue of any permits issued under such registration for the doing of any work required to be done in the construction, alteration, repair, addition to, subtraction from, reconstruction or remodeling of any building, structure or appurtenance thereto or any part thereof, then this obligation shall be null and void, otherwise, to remain in full force and effect.

Company Name: _____

Principal: _____ (Seal)
(signature)

Title: _____

Address: _____

Surety: _____

Address: _____

By: _____

Attorney-In-Fact

The Form and Correctness of the
Within Instrument is Hereby Approved.

Director of Law

Date: _____



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: _____

CONTRACTOR INFORMATION

MUNICIPALITY: _____

BUILDING PERMIT #: _____

ADDRESS OF CONSTRUCTION SITE: _____

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
BCD 00Z1-RACJ-OR						
BCD 00Z1-RACJ-OR						
BCD 00Z1-RACJ-OR						
BCD 00Z1-RACJ-OR						
BCD 00Z1-RACJ-OR						
BCD 00Z1-RACJ-OR						
BCD 00Z1-RACJ-OR						

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

CLEVELAND LOCAL: (440) 526-0900
 COLUMBUS TOLL FREE: (866) 721-RITA (7482)
 YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)

TOLL FREE: (800) 860-RITA (7482)
 TDD: (440) 526-5332
 FAX: (440) 526-3136

CITY OF WILLOWICK

BUREAU OF WORKER'S COMPENSATION EXEMPTION FORM

I, _____, hereby claim that I am the sole
(Print name)

proprietor of the afore-mentioned business, _____
(Company name)

_____, and am exempt from participating in Bureau of
Workers' Compensation.

(Date)

(Signature of Business Owner)

SWORN BEFORE ME AND SUBSCRIBED IN MY PRESENCE ON THIS _____
DAY OF _____, _____.

NOTARY PUBLIC _____